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ABSTRACT

In Belle Glade, Florida, a slum populated by Blacks, Whites, Hispanics, migrant farmworkers, and Haitians, where the incidence of most major health risks was far greater than anywhere else in the state, a program was planned and partially implemented which aimed to provide health services to at-risk, disadvantaged teenage mothers and their infants. To attain program goals, an executive board was formed which consisted of 12 professional leaders in the fields of early childhood education and pre- and post-natal health and social services. Board members planned a program of prenatal intervention and follow-up, conceived a strategy for securing building lots, planned building spaces, implemented a fund-raising program, planned a program for infant development/stimulation, and built community support networks. Within a period of 12 months, a Director was employed full-time, funds were committed for a full-time pediatric nurse, a volunteer program was implemented, architectural drawings for a facility were approved, building lots were secured, the Ford Foundation had made a site visit to consider a Haitian Intervention Research Project, start-up funds were obtained, a funding plan was projected, and the program was adopted as a model for community action. Related materials are provided in 15 appendices. (Author/RH)

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PLANNING A PROGRAM FOR A COMMUNITY-BASED INFANT/FAMILY DEVEOPMENT CENTER

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Planning a Program
for
a Community-Based Infant/Family Development Center

by

Elizabeth B. Farrar

Cluster 16

A Practicum Report Presented to the Ed. D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

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ABSTRACT

Planning a Program for a Community Based Infant/Family Development Center. Farrar, Elizabeth B., 1986: Practicum Report, Nova University Ed. D Program in Early Childhood,
Descriptors: Birth Weight/Perinatal Influences/Premature Infants/Black Family/Child Neglect/Day Care Centers/Infant Stimulation/Nutrition Teenage Pregnancy/Play Environments/Grantsmanship.

This practicum addressed the linkage between poor maternal nutrition, pregnancy at an early age, ignorance about pregnancy and childbirth, poor access to information and systems of care, inadequate housing, school drop out, and poverty.

The writer's goal was to prevent pregnancy abnormalities, decrease the incidence of low birth weight babies, promote infant's health during postnatal period, stimulate the cognitive development of infants, provide infant day care, and involve the parents in the health and education of their children. Specific measurable objectives were to increase: 1) the number of infants with birth weight in the normal range, 2) number of women making regular prenatal visits, and 3) number of women utilizing W.I.C., 4) the amount of peer support given primaparas in the First Friends program, 5) number of parents involved in discussion groups. In addressing these goals, the writer formed an Executive Board of twelve professional leaders in the fields of Early Childhood Education, pre and postnatal Health and Social Services who 1) planned a program of prenatal intervention and follow-up to six months 2) conceived a strategy for securing building lots and planned building spaces 3) implemented a program for fund-raising 4) planned a program for infant development/stimulation to two years and 5) built networks of support in the community.

At the end of twelve months, a Director funded by the March of Dimes was employed full-time, funds were committed by the Palm Beach County Foundation and the Menonite Central Committee for a full-time pediatric nurse on the staff, a First Friends volunteer program was in place using members of Zeta Phi Beta Sorority, architectural drawings for a facility were approved, building lots secured, Ford Foundation had made a site visit to consider a Haitian Intervention Research Project, start-up funds were secured, a funding plan projected, and the program was adopted as a model for community action.

CHAPTER I

INTRODUCTION

Description of Community

There were few places in the United States which could be compared to Belle Glade, Florida, an area in western Palm Beach county and center of the state's migrant farm-worker subculture. Made notorious in Edward R. Murrow's Harvest of Shame in 1960, Belle Glade has improved very little in the last 25 years. "Slum" was a word commonly used in media descriptions of Belle Glade, as were terms such as "poverty," "disease," and malutrition." Of the 6,000 housing units in the town, 49 percent were severely substandard. Approximately 25 percent of the units had no plumbing and 17 percent had been designated as "unfit for use," in spite of extremely high rental costs.

Belle Glade accounted for 5 percent of the population of Palm Beach County but for 50 percent of the AIDS, 30 percent of the TB, 33 percent of the rubella, 18 percent of the syphillis, and 25 percent of the penicillin-resistant gonorrhea. In fact, the incidence of almost every major health risk was far greater in Belle Glade than anywhere else in Florida. (Ferguson, 1985).

In spite of the efforts of Public Health Department physicians and other medical personnel, a large proportion of the infants of Belle Glade were born at low birthweight (-6 pounds), many with medical complications. Many believed that the infant mortality here was higher than anywhere else in the state, though the infant mortality data for this region was not available. Palm Beach County as a whole, which included some of the most affluent areas in the South, and which had the highest per capita income in the state, had a minority infant mortality rate of 23.3 per 1000 infants. (Chiles, 1985).

Not included among the town's 17,000 permanent residents were between 5,000 and 8,000 migrants who lived in the 3.82 square mile area with approximately 9,000 American Blacks, 1,200 Hispanics, and 6,800 American Whites. Also not included was an annual winter influx of 10,000 to 15,000 migrant farm workers and their families who lived in the area during the sugarcane and vegetable harvesting season. (Comprehensive Plan, City of Belle Glade, 1978).

Haitians living in Belle Glade did not generally follow the migrant stream to the north and were dependent exclusively on seasonal harvesting which lasted throughout the winter months. A large number of Haitians were illegal residents and were entitled to little public assistance and few other services. The county's social service agency required a fee of $750 for an uncomplicated, singleton delivery and $1495 for a C-section or multiple birth delivery unless the woman could demonstrate that she was ill or could document that she was at the level of 100 percent poverty which many could not do as a result of problems with legal status, language barriers, and general difficulties in completing the large numbers of forms required. Recertification for eligibility by social services was done every month so that farm workers who found jobs were not passed over in paying for health services, regardless of average annual income which might have been as low as three to four thousand dollars a year for a family of several people. (Comprehensive Plan, City of Belle Glade, 1978).

There were few parks, playgrounds, or day care facilities in Belle

Glade so farm worker children played with sticks, old cans, and rocks in the streets or in tenement hallways or were not permitted to play at all.

For many, there was little or no work much of the year, little food, dilapidated housing with no plumbing, for many adults and children. There was much disease, disappointment, and depression in this small town. The largest municipality in the western part of Palm Beach County, Belle Glade had been designated as a "distressed" city under the Urban Development Action Grant (UDAG) program. (Comprehensive Plan, City of Belle Glade, 1978). Two low-cost federally funded housing projects were located on the city's perimeter.

Children from federal housing made their way by bus to school. Those in the inner-city ghetto walked to near-by schools. Most of their parents had already left by bus for the fields by 6:00 a.m., leaving infants with older children to take to friends or extended family. Often, older children "baby sat" all day, not attending school. Ninety percent of public school children were ethnically "minority." Haitian, Mexican, Arab, and Cuban were language minority. A mandatory public kindergarten served all five-year-olds. Gove Elementary school served sixty migrant children ages three and four under a federally funded migrant program. These children "trickled into" school until November first, when all had returned from their journey with their parents in the North in the migrant stream. East Coast Migrant operated a Head Start program for migrant children as did Lutheran Ministries, for Haitian children. Both had long waiting lists. Wee Care, Inc., serving low income children ages three and four, using Title XX funds and matching funds from Palm

Beach County's United Way, had nearly 500 children on its waiting list. There was no care for infants in Belle Glade, other than family care. Child care for middle and upper class children was provided for by the churches. One church offered child care for low income children affiliated with the Wee Care, Inc. program.

Author's Work Setting and Role

Chapter One, formerly Title One, programs were first implemented in the '60's under the Johnson administration, as compensatory education for "culturally deprived" children in public schools. In 1982, Title One became Chapter One as the migrant program was subsumed under its authority. Chapter One Basic included migrant children as well as all other children identified as potentially having difficulty in academic work. At Gove Elementary, Chapter One Basic students included nearly half the student population of 1200. The writer was employed by the federal government as a team teacher to first and second grade students in the Chapter One Basic program. Children in the program had been identified as educationally "at risk" through screening as "long term preventative" or as simply "repeaters." With a team of teachers and an aide, the writer of this practicum had taught in the Chapter One first grade for seven years. Previous experiences included pilot program middle school reading in the Belle Glade ghetto, and middle school Title One to children of tenant tobacco farmers in North Carolina, Art Supervisor Orange County, Art instructor Rollins College Community courses and reading instructor at the junior college level. She was responsible for the program of no more than eighty first and second grade children, whose backgrounds were primarily American Black, Mexican, Cuban, Arab, and North American White. All came from families where standard English was not the dominant language. Concerned about the home environment of these children, the writer was a founder of NOAH, a non-profit housing group, involved in bringing affordable housing to the Belle Glade ghetto. The writer was also responsible for the Volunteer Program at Gove, and initiated the Reading Is Fundamental Program.

As a result of reading the applications of her students, their birth and medical records, the writer came to the conclusion that many (if not a majority) were born of teenage parents, lived in single parent situations or with extended family, were, since birth, "at risk" from poor nutrition, chemical abuse, and prenatal stress, resulting later in cognitive deficits.

She concluded, along with Richard Wiley, Governor of South Carolina, chair of the Southern Regional Task Force, (Riley, 1985) that to be "first" in education one must be first in the first grade. One must confront the problems of the unborn child, the newborn and the infant to two years.

CHAPTER II

STUDY OF THE PROBLEM

Description of the Problem Situation

Child care was a national problem. There were few acceptable options left to parents as they carried out their responsibilities as primary care givers for their children. This problem, with enormous stakes involving the well-being of millions of families, led a select committee of the House of Representatives to conduct a bi-partisan national initiative on child care policy. Drawing upon 22 states, 160 persons witnessed to child care problems, and presented statistics. By 1990, nearly one child in four in America would live in a single parent household, double the 1970 rate. The growth was due to increasing rates of divorce and out-of-wedlock births. Largely as a result of single parent households, which typically suffered from a greater incidence of poverty, more than one fourth the total increase in children under six and more than one half the increase of children under six from single parent households, would be poor. When children did live with both parents, chances were that both parents would be employed.

Among married women with husbands present and children under six, 30 per-cent were in the labor force in 1970; 48 per-cent in 1984. It was projected by the Congressional Budget Office that by 1990, 55 per-cent would be working, an 80 per-cent increase in 20 years. In 1984, more than one-half of all mothers with children under six, nearly one-half of all mothers with children under one year, were in the labor force. Nearly 80 per-cent of these women had husbands who earned less than $30,000 per year. There were several million single mothers whose average income was $10,000. It was not economically realistic for mothers in these families to abstain from working, unless unable to work or who were teens who needed to complete their schooling.

Before 1981, Title XX of the Social Security Act provided funds to states to help low income families pay for child care. When Title XX was incorporated into the Social Services Block Grant as a result of the 1981 Omnibus Budget Reconciliation Act, funding levels were reduced by 21 per-cent. The targeted $200 million in federal funds for child care were eliminated. Supporting services like the child care nutrition program, were also reduced. As use of the child care tax credit was increased, providing approximately 1.7 billion dollars in relief for families who have incurred child care expenses, it became the largest single source of funding for child care. Two-thirds of this credit went to families with above median incomes. None went to millions of families who lacked sufficient disposable income to take advantage of it.

Child care for children of teen parents across the United States was extremely limited. Testimony and available research indicated that parents of very young children had an extremely difficult time finding child care. The major barrier was cost for parents and providers. The United States was one of the few industrialized countries without a national parental leave policy. (Congress of the United States, 1984).

Child care in Belle Glade was a local problem. Large numbers of migrant, Hispanic, and Haitian families were statistically at greater risk of poor health, low educational attainment and poverty. Approximately 200,000 migrant workers arrived in Florida between October and May, each with a family of 4.7 people. According to the Secretary of the State Department of Health and Rehabilitation Services, "We were barely scratching the surface of need presented by this mobile population. The greatest need was day care." Although people working with migrant families spoke of the pressing need for child care for these populations, no nation-wide data existed documenting the current child care arrangements of these groups.

Language barriers aggravated the already difficult child care situation of many migrant and Hispanic families. Shortage of facilities, lack of support programs, high costs and geographic isolation, made finding out-of-home care for these families more problematic. The lack of available transportation made many child care centers, particularly those outside migrant camps, geographically inaccessible. Information and referral services that did not provide information in the families' native tongue discouraged, if not excluded, these families from seeking information and services. Migrant child care providers faced additional obstacles. Since the majority of care was needed for less than seven months a year (October to May) it was often difficult for providers to find facilities to rent or lease when buildings could be found. The rent was usually extremely high because of the part-year use factor, thus increasing the cost of care. Barriers also existed for migrant families attempting to obtain child care services through the federal Migrant Child Care Program. A California witness to the Congressional Select Committee stated that in order for a child to be eligible for a federal Migrant Child Care Program the child must have moved with his family within the last five years. Younger children in farm labor families have not been part of the migration and have been born in the local agricultural community. This requirement prevented programs from serving the youngest children in farm labor families. It also negated the major intent of the migrant Child Care Program which was to provide child care for younger children so that school age children could attend school. (Congress of the U.S., 1984).

Aside from the national problem of child care, Senator Lawton Chiles (1985) of Florida pointed out that the U.S. infant mortality rate in 1982 was higher than 16 other nations including Japan, Australia and much of western Europe, reflected in Palm Beach County's infant mortality rate. According to the Office of Vital Statistics, the county's infant death rate for blacks and other minorities was 23.3 per thousand--about three times the rate of 8.2 per thousand for whites. The South, with a heavy concentration of poor families and migrant workers had the highest rate of infant mortality in the United States. Florida was in ninth place in the South with a death rate of 12.8 babies per 1,000 live births.

Statistics from Belle Glade were difficult to find, due in part to the migratory nature of the population. Available statistics, however, fit the vicious cycle of the national problem: of minorities, migrant in poverty, without child care of family support, teen-age pregnancy, and infants born at risk. Median income for the city of Belle Glade was $13,000 (City of Belle Glade, 1980). According to the Palm Beach County Health Clinic, one-half at least of all infants born in Belle Glade were "at risk," pre-mature, low birth weight. At least least one half of the Belle Glade population spoke Spanish or French or Creole, making information and referral services difficult to comprehend. Many were without transportation of any kind, but relied on friends and neighbors. Many young mothers were isolated, without their extended families who were in Haiti, Jamaica, or Mexico or Cuba. Many, (no one knows how many) lived in single-parent households. Many teenagers gave birth to infants, leaving school without the ability to support themselves. Many gave their infants to family to care for; many did not. Statistics on pregnancy in the high school were confidential. Statistics from Palm Beach County Health and Rehabilitative Service indicated that of live births during 1983, statistics from two obstetricians showed nearly one-half of babies were delivered of teenagers, 41 were to girls under fifteen years. The infant mortality rate of Palm Beach County was 12.3 for every 1,000 live births, higher than the rate in any developed country. Of Black mothers delivered of babies in Palm Beach County in 1983, 8.6 percent were without prenatal care.

In Belle Glade, there was one child care center supported in part by United Way and Title XX Funds and available to low income children. The center served three and four year olds and had a waiting list of nearly 500 applicants. There was no land or building available for publicly supported infant care. Under the auspices of this center, ten infants under two years were cared for in infant home care. With an influx of nearly 10,000 Haitain immigrants in the past two years, the need for infant and child care was overwhelming.

The problem of infant care had not been solved largely because of the non-availability of facilities or property on which to build a facility. There was little interest in the private sector in making services available to the poor. The small upper-middle class and middle class population was engaged in privately funding their own schools, kindergartens and nurseries. These facilities were far too costly to be available to the poor. Records of school absences due to child care were non-existant.

Migrant parents were in the fields by 6:00 a.m. and did not return until 6:00 p.m. Older brothers and sisters or extended family were responsible for the care of infants. Babies were left at home with siblings or taken in cold, dark winter mornings to a friend or neighbor. Babies had been taken to the fields and left on a bus. The problem was that half the babies born in Belle Glade were "at risk" physically and many were cared for by single mothers who dropped out of school due to lack of child care facilities. Low income children who should have entered kindergarten on a par with their middle class peers, in fact were burdened at the outset of schooling with physical, emotional and cognitive deficits. Women who needed to be in the work force are at home with infants and young children.

Ideally, women who worked the farms and vegetable packing houses of Belle Glade would either have extended family to care for their infants or an infant center 6:00 a.m. to 6:00 p.m. with trained caretakers. Non-English speaking pregnant mothers and mothers with young infants would have a place to go to become informed about nutrition, drug abuse,health services, child development and family planning.

Mothers without friends or support groups would have a group of informed and caring people to share information and referral services in their own language. Women would access information about pregnancy and social service systems. Women would follow nutrition guidelines, before and after giving birth. Babies, as a result, would be born at normal birth weight, not low birth weight. Physical and cognitive deficits due to poor nutrition would be eliminated. Babies would continue to have health and cognitive development encouraged in a supportive atmosphere through the first two years. Ideally, the stresses and strains of economic deprivation will be relieved, women can find regular work with the help of care takers outside the home. Ideally, too, these women and men will be informed about family planning, realizing that unplanned families fuel the cycle of poverty and dependency. Adolescent boys and young men, the forgotten half of the teen-age pregnancy problem would have opportunities for rap sessions. The problem was two-fold: 1) young black and Hispanic primaparas are giving birth to infants at risk, and 2) with no family support, have no one to care for their infants.

Documentation of the Problem

Exploration of the local problem could be obtained through the formation of a focus group, a two-hour discussion with eight or ten employees focusing on their experiences as consumers of child care. The limited number in the group would insure a high level of participation led by an unbiased facilitator from the outside. In first phase, the preparation phase, the employer and facilitator would carefully select a cross-section of employees and decide upon question to be presented. "What would make it easier for you?" The company is taking some first steps toward understanding the needs of working parents. The focus group would get highly subjective responses. The focus technique has been successful in discussing child care with employees of Time, Inc. Employees of Intermedics, Inc. in Texas answered a questionnaire, as a group, in a special meeting room. A child care consultant, developer of the questionnaire, was present to answer questions about the survey and the Company's planning. The organization would want to know the answers to such questions as 1) how many parents were affected? 2) what hours were suitable? 3) what price was affordable? 4) how large a center was needed? 5) what educational philosophy? 6) what would the parent's role be? (Silverman, 1983). Both of these techniques may be used with a facilitating organization such as a vegetable grower, a sugar corporation. Other documentation from Belle Glade was forth-coming from the Glades Health Clinic pertaining to the number of babies born "at risk," number of babies born to teenagers. The fact that the median income of the Belle Glade community was near the poverty line, that the one child care center for low-income families had a waiting list of nearly 500, that there was no infant care for farm workers, that one half the babies born in the community were "at risk" attested to the pervasiveness of problem. By the use of focus groups and questionnaires the problem could be defined more explicitly in a needs assessment.

According to the Florida Office of Vital Statistics, the county's death rate for blacks and other minorities was 23.3 per thousand, or three times the rate of 8.2 per thousand for whites. Florida's infant mortality rate was one of the ten highest in the United States, and the State Department of Health and Rehabilitative Services proposed to spend $14 million annually until 1989 to reduce that rate, including the funding of prenatal clinics (Chiles, 1985).

According to local health authorities, one-half of the infants born in Belle Glade are born at risk (See Appendix O). Fifty percent of housing in the city was substandard, and the health problems of the city were well documented (Ferguson, 1985). The city had no facility for the care of infants up to two years of age, and only one facility for children of three and four years. The city's conditions were shared in part by the county and the state.

Analysis of the Problem

In 1939, the small agricultural town of Belle Glade formed the Belle Glade Community Center, Inc., for the purpose of establishing and maintaining a child care center. Increasing numbers of agricultural migrants were coming to work in the fields and packing houses. The Glades area was rapidly becoming one of the most important winter vegetable producing centers in the United States. Thoughtful people became concerned over the indifferent care babies of the migrant workers received. Many of the children were left in locked cars while parents worked. Community response was such that the mayor headed the project. A local doctor examined the children and visited them each day. County health officials assisted. The center was open 24 hours a day, seven days a week with mostly volunteer help from the white community. Vegetables were donated by packing houses, meat from local markets, bread from bakeries and milk from dairies. The local Legion

Hall donated their building. Mrs. Franklin Roosevelt, upon visiting the center in 1940 said, "this project is a splendid example of community cooperation and spirit." Mrs. Roosevelt assured the citizens that nursery buildings would be included in the new migrant camps being built by the government to furnish excellent housing for migrant workers (Belle Glade City Library, 1940).

There are major reasons for increased attention to the need for an infant/family center: 1) increase in off-shore laborers and refugees, 2) negative attitude of private sector, 3) withdrawal of federal funds, 4) increased use of drugs and, 5) dramatic increase of teen pregnancies.

Belle Glade was no longer a town "beginning to grow winter vegetables." It now called itself the "winter vegetable capital of the world," with a complex system of freezing and marketing. More importantly, in April, 1931 U.S. Sugar Corporation was formed, researching new and improved varieties of sugarcane. During World War II quotas on sugar production were lifted. In 1948, after crippling floods, a system of canals and water control structures was put into place. In the early 60's the federal government lifted quotas and Florida sugarcane growers increased their acreage and production. In 1960, 50,000 acres were under sugarcane production in the Belle Glade area. In 1977, 300,000 acres was under production. In 1960, 100,000 tons of sugar was produced; in 1976, 1,000,000 tons were produced (Fla. Sugar Cane League, Inc., 1978).

To produce this quantity of sugar and winter vegetables, the

Glades area was totally dependent on hand labor. Each stalk was cut by hand. Since domestic laborers did not respond to such work, U.S. Sugar recruited laborers from the islands of the West Indies by the thousands. Moreover, in the past five years as many as 10,000 Haitian refugees have voluntarily come by boat, swelling the labor force. Belle Glade no longer had a few migrant laborers about whom there was concern.

Belle Glade was a "distressed city." Eleanor Roosevelt's migrant camps were in disrepair. Population density in the inner city of Belle Glade was 1,500 persons per acre (Comp. Plan). Belle Glade was publicized across the U.S. as the city most "at risk" for AIDS, with its component sub-standard housing and squalor. (Wallis, 1985). Since the intergration of the school system in 1970, the white population of 25 percent had financially supported its own white system of schools, kindergarten and nurseries. Concern on the part of the private sector for the well-being of laborers was not apparent.

Until 1981, Title XX of the Social Security Act provided funds to Florida to help low-income families pay for child care. With reduction of funds available from the federal and state government, little interest on the part of the private sector, (as it saw itself a part of a problem out of control). the quality of life of the city as a whole steadily worsened for every citizen.

The problem was caused, therefore, by an overwhelming increase of off-shore laborers, pregnant teenagers, lacking language fluency, living in squalor in a ghetto, ignorant of pre and postnatal care and family planning, many isolated from any systems of support, and all living with a poor self image in a city "at risk."

Relationship of the Problem to the Literature

The problem of teenage pregnancy, poverty, racial minority, infants "at risk," infant mortality appeared in the literature in the form of a "vicious cycle." Each year 15 percent of all babies born in this country were born to teenagers. In 1980, 600,000 babies were born to girls under 20; over 10,000 to girls 14 or under. These young parents were ill-equipped to provide the consistent nurturing that children needed for healthy physical and mental development. Too often early parenthood was accompanied by lifelong poverty, joblessness, and hopelessness. Children born to unmarried teenage girls were four times more likely than children in other families to be poor and were more likely to remain so. Pregnancy was the primary reason given for girls who dropped out of school. Most young mothers could not or would not turn to the fathers of their children for help. Between 1969 and 1978, teen marriage rates dropped 4 percent for whites and 45 percent for blacks. Those rates continued to decrease in the 80's.

Adolescent mothers were more likely to be undernourished during pregnancy and to suffer from premature or prolonged labor than were older mothers. Babies born to teenage mothers were more likely to be premature and underweight, increasing their chances of birth defects and death. Except for the youngest childbearers (15 and under), these risks were associated primarily with lack of access to health care and with general poverty, not with age. In 1980, 12.6 percent of black mothers under 19 and 9.5 percent of white mothers under 19 received late prenatal care or none at all (Children's Defense Fund, 1984).

With disadvantage creating disadvantage, it is no wonder that teen pregnancy is widely viewed as the very hub of the U.S. poverty cycle. A great deal of the feminization of poverty starts off with teenagers having babies. So many can not rise above it to go back to school or get job skills. Nearly half of black females in the U.S. are pregnant by age 20. The pregnancy rate among those ages 15 to 19 is almost twice what it is among whites. Nearly 90% of the babies born to blacks in this age group are born out of wedlock.

The Alan Guttmacher Institute (Wallis, 1985), a non-profit research center in New York City, released the results of a 37-country study. The U.S. leads nearly all other developed nations in its incidence of pregnancy among girls 15 through 19. Though Americans were no more sexually active than their counterparts in these countries, they were found to be many times as likely to become pregnant.

To look beyond statistics, there have been dramatic changes in attitudes and social mores, in the American culture in the past 30 years. The teenage birth rate was actually higher in 1957 than it is today, but that was an era of early marriage, when nearly a quarter of 18-and 19-year old females were married. Today if a girl does not choose to abort her pregnancy (and some 45% of teenagers do), chances are she will keep the baby and raise it outside of marriage. Unwed mothers are so pervasive, we don't use the term illegitimate anymore. Less than 5 percent of teenagers surrender their babies for adoption. Premarital sex has become conventional.

For young girls trapped in poverty, life offers few opportunities apart from getting pregnant. High school may seem pointless. Graduation is little guarantee of a job. Their lives are circumscribed in every sense. Having babies is attempting in a perverse sense to get some security and nurturing needs met. The lower socio-economic groups, do not get abortions, do not use contraception. It's just not that important. They don't have a sense of the future. (Wallis, 1985).

A recent study by the Ford Foundation revealed that many young fathers are not only willing but eager to help their partner and offspring. The project, coordinated by New York City's Bank Street College of Education, offered vocational services, counseling and prenatal and parenting classes to nearly 400 teenage fathers and prospective fathers in eight U.S. cities. At the end of the two-year program, 82 percent reported having daily contact with their children; 74 percent said they contributed to the child's financial support. Almost 90 percent maintained a relationship with the mother, whom they had known for an average of two years. At the end of the two-year program, 61 percent of the previously unemployed men had found jobs. More important, 46 percent of those who had dropped out of school had resumed their education (Stengal, 1985).

Producing a healthy baby was a cost-effective investment. Statistics showed that it was far less costly to provide sufficient prebirth care than to provide follow-up intensive and long-term care for sickly infants (Chiles, 1985). (See Appendix N).

Both women and men who are immigrants in the United States often worked at unpleasant, unending and ill-paid jobs. But only the women struggled under the burden of the "double day," the cultural imperative to perform household tasks as well as the economic need to work. They were willing to endure grinding labor for their children's future; sadly, finding help to care for these children would be the single greatest problem that some immigrant women face. In the women's home countries, kinfolk often helped to care for young children. Without the support of a household of female relatives in the U.S., a mother would pay between $15 and $25 a week for the care of one child, far too much for someone with several children who was earning the minimum wage of $3.35 per hour. To get a better job, she must learn to speak English, but school is impossible without child care (O'Reilly, 1985).

Recent information from animal research, now translated to humans, pointed to the powerful reduction in cellular division (DNA) in organs such as the brain and the thyroid and adrenal glands that resulted from inadequate maternal nutrition at critical periods of development of fetal organs. Allowing malnutrition to affect populations of pregnant women and their fetuses constituted a great risk for deficits in the development of the brain and its potential for coping with a complex society. Malnutrition and other intrauterine influences could also reduce the potential of other organs that are essential to such learning functions as activation, motivation and prolonged attention. We can expect future children of malnourished pregnant women to have all the attributes that have been ascribed to "the poor": laziness, lack of motivation, and feelings of helplessness and hopelessness in being able to influence their own lives (Brazelton, 1982).

Boukydes (1984) spoke of the four phases of stress and potential isolation that families with preterm or high risk babies undergo: Isolation/stress 1) parents are at a greater distance from extended family than ever before in history. Isolation/stress 2) babies transported to a regional center are isolated from parents. Isolation/stress 3) isolated from supports built up around the baby in NICU, the baby is removed to a third center where a new adaptation is required, and Isolation/stress 4) parents are often isolated from community resources and need transition agents to help them plug into existing services.

Garbarino (1981) said that residential segregation based on socio-economic factors presents a serious threat to family well-being because it produces concentrations of high-need, low resource families. The resulting neighborhoods lack families who are "free from drain" and can afford (materially and psychologically) to offer help to others.

According to Sameroff (1975), socio-economic status appeared to have much stronger influence on the course of development in infants than perinatal history. Sameroff and Chandler (1975) were led to propose a continuum of caretaking casualty. At one end of the caretaking continuum, supportive, compensatory and normalizing evnironments are able to eliminate the effects of early birth complications. On the other end of the continuum, caretaking by deprived, stressed, or poorly educated parents tends to exacerbate early difficulties.

The Family Place in Washington, D.C. was attempting to alleviate some of the problems of infant mortality and family stress through its support of parents and young children. It operated on the belief that being a parent is challenging and demanding and wanted to make that challenge rewarding by providing a community of support. It also offered "training" in being a parent through workshops on child care, nutrition, cooking, and home and life skills.

The Family Place also offered individual and group counseling, employment, and educational counseling as well as small group discussions of problems of families and shared needs, plus leadership development. It helped parents and parents-to-be develop the confidence and competence necessary to encourage the healthy growth of their baby.

Family Place's First Friend Program matched experienced mothers with first time and/or at-risk pregnant women to encourage early and regular pre-natal care and provide emotional support. First Friend volunteers were women from the community who were available to answer questions and listen to concerns both during the new mother's pregnancy and the first months of the new baby's life.

Another program in Washington, The Better Babies program, provided services designed to help insure the birth of normal weight babies. In the U.S. as a whole, about 6 percent of babies have low birth weight, but in Northeast Washington, D.C. the number was 14 percent. The Better Babies Project hoped to demonstrate that low birth weight could be prevented by finding women early in their pregnancies and helping them get needed social and medical services. They were hoping to help people with habits which were harmful to the baby, such as smoking, drinking and drug abuse. Better Babies wanted to help pregnant women reduce the physical and emotional stresses which may trigger premature labor and seek treatment early enough to prevent premature delivery.

The Better Babies program did not take the place of the obstetrician. It linked people with the medical and other services they needed. Their goal was to work closely with clinic's doctors and other neighborhood organizations to enhance their effectiveness. Service coordinators--staff members who form one-to-one supportive relationships with the pregnant participants in the program--helped each woman devise a service plan which was unique to her needs. They helped her follow through on the plan and revise it as new situations came up.

Deborah, for example, 17 years old and six months pregnant, was receiving prenatal care, but was not following medical recommendations. She had missed several appointments. She had swollen hands and feet, and her blood pressure was up. Her service coordinator explained the importance of immediate medical care, helped her make an appointment, and checked with her to remind her to keep it. In conversation with Deborah, the coordinator found she was extremely worried about caring for the baby once it was born, but had made no preparations at all. By helping her plan for crib, clothes, childcare, transportation, and other details, the service coordinator helped reduce Deborah's anxieties. Deborah's baby was born healthy, weighing five pounds, fifteen ounces.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

Goals set for the solution of the local problem were 1) to prevent pregnancy abnormalities 2) to decrease the incidence of low birth weight in infants 3) promote infants' health and cognitive development in the neonatal period 4) provide developmental program of day care for infants 5) support and encourage parents in developing resources to meet their needs and the needs of their children, through the establishment of a Family Center.

Specific objectives included:

1) making a needs assessment, using a focus group and perhaps also a survey or questionaire.
2) organizing a core group, and network of expertise to plan a facility, the operation of a program, job specifications, administration, and sources of funding.
3) writing a proposal (s) for funding and submitting them to funding sources.
4) community commitment.

The success of this planning period was to be measured by evidence of visible interest on the part of a community of people (i.e.) letters of support, funds raised, activities initiated at meetings. Success will have been achieved if 1) there were to be a network of people consistently involved in the planning 2) evidence of a plan for a facility 3)evidence of a budget 4) evidence of a program 5) evidence of funding sources identified and a fund-raising plan in hand.

THE END RESULT	EVALUATION TOOL	STANDARD OF ACHIEVEMENT
Organization of a core group, a net-work of expertise	Visible interest on the part of the Belle Glade Community and others outside the community (i.e., letters of support, activities, fund raising)	A net work of people involved in planning
a plan for a facility		evidence of a plan for a facility
a plan for a program, plan for job specifications and administration		evidence of a budget
		evidence of a program
a plan for identifying sources of funding		sources of funds identified
a plan for fund-raising		a plan for fund-raising
proposal(s) submitted for funding		funding proposals
a flyer circulated community-wide, asking for support		materials printed and circulated widely with response
a fund raiser Heritage Festival		support of 15% of businesses in the community. $10,000 raised

This planning would meet certain standards of performance. Those engaged in the local core group would be widely represented by those in the health and service professions, (i.e., doctors, nurses, social services, migrant educators, early childhood teachers). Also involved in the network, to be successful, would be those of the client community who would give input. Aside from these two groups, persons with special expertise perhaps from outside the Belle Glade community would be involved to help publicize and find funding resources to help implement the program as it was developed. The program would be considered highly successful if persons from the private sector volunteered to help. This would include persons inside and outside the city of Belle Glade. The analysis of the success or failure of the program would center on how close the project was to full implementation at the close of 1986. An analysis at that time would be made on 1) the degree of readiness for operation and 2) the degree of commitment of the persons involved and 3) the scope of involvement.

EVALUATION CHECK LIST

	Nov. '85	Dec. '85	Jan. '86	Feb. '86	Mar. '86	Apr. '86	May '86	June '86	Sept. '86	Oct. '86	Nov. '86
Meeting of Board for needs assessment	X										
Meeting of Board to plan program		X	X	X	X	X	X	X			
Meeting of Board to discuss visits to centers		X	X								
Meeting of Board to discuss staffing/program		X	X						X	X	
Meeting of Board to plan space for facility				X				X	X		
Meeting of Board to meet with architect/NDC								X	X		
Meeting of Board to plan budget/identify funding				X				X			
Meeting of Board to summarize plan/write proposal (s)				X				X			
Meeting of Board to design a promotional program/community										X	
Meeting of Board to implement program in community										X	X
Meeting of Board to plan Heritage Day Fund Raiser											X

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solution

Silverman (1983) spoke of focus groups, a corporate policy plan for child care policy planning. Corporate employees at every level are given the opportunity to talk about their various child care needs, and if necessary to take part in a questionnaire. Alisberg (1984) cited positive effects two years after an on-site center was provided by Intermedics, a high technology industry in Freeport, Texas. A 60 percent reduction in employee turnover was noted. Findings of the most recent study of National Employer Supported Child Care, report a dramatic drop in employee turnover and absenteeism. Included in this study was virtually every employer in the United States offering some form of day care.

Enactment of the 1981 Economic Recovery Tax Act included child day care benefits as a tax deductible business expense. On site facilities, cash subsidies, purchase of reserved slots in an existing facility, parent education seminars and information and referral services all qualified as deductible business expense for employers (Alisberg, 1983). A marketing package to develop the concept was available (Appalachian Regional Commission, 1982).

Barriers existed when trying to provide migrant day care. Since the majority of care was needed for less than seven months a year (from October to May) it was often difficult for providers to find facilities to rent or lease. When buildings could be found, the rent was usually extremely high because of the part-year use factor, thus increasing the cost of care.

According to the Select Committee witnesses, employer-assisted care remains largely an untapped resource. It usually flourishes best where a range of child care services already exist. The Center for Public Advocacy Research interviewed 80 companies in New York City to examine the barriers and incentives that employers cite when asked about providing assistance to working parents. The conclusion of the study was that there is little reason to believe employer initiatives will replace or even supplement the continuing need for subsidized child care for low-income parents in the next five years.

Several examples of corporate - Public Sector partnerships were brought before the Select Committee. In a rapidly growing suburban California community, local government officials required developers of a 125 acre site to plan for and allow child care.

In Austin, Texas a non-profit Child Care Agency, Austin Families, Inc. received city funds to solicit employer support for a child care voucher program for small businesses.

The Texas Corporate Child Development Fund was developed by Levi-Strauss Foundation to bring together corporations and the Texas Department of Human Resources. Forty-three corporations contribute $200,000 a year to help rural communities meet the matching requirements of Title XX, so that child care will be available for low income families in the state.

A recent feasibility study in a suburban California community showed cost to be the greatest barrier to corporate-sponsored child care. Since by 1981 New York City has spent over $47 million to maintain the day care program at 41,000 slots. Following cuts in Title XX funding, some private non-profit agencies have stepped in to help states maintain child care services. Local United Ways in Texas have responded to the federal budget cuts by greatly increasing their contributions to child care. United Way contributed 63 percent of the matching funds required to be elibible for public social services money. In testifying before the House Select Committee, however, a witness stated that if funding is decreased by any one source, all other sources feel the repercussions. That is why it is so critical that public, private, governmental, voluntary and business sectors work together to fund child care. (Congress of U.S., 1984).

One model for infant Day Care which has been tried, one of the country's showcases of a community that has organized its day care, is headquartered in Orlando, Florida. Community Coordinated Child Care for Central Florida Inc. is a private, non-profit membership organization that links public and private agencies and families with small children. Called 4C, it provides informational referral training toy-lending libraries, health maintenance assistance, child-care funds and many other support services for working mothers. Its financing has many sources: United Way, county and city governments, the State of Florida Department of Health and Rehabilitative Services, federal and private money. Phoebe Carpenter, 4C founder, says that parents are raising the children. The 4C operation revolves around the parents' wishes. (Michaels, 1985).

Ellen Galinsky of the Bank Street College of Education says that day care is a continuum. No one should raise a child alone. Even within the family structure, we need other people for support. Good day care is really nothing more than an extended family. We have to think that we are all raising America's children. (Michaels, 1985)

The Family Place in Washington, D.C. is a community based center for expectant parents and the families of infant children. It opened in May, 1981 and has now served approximately 600 families. Its purpose is to support and encourage parents in developing resources to meet their needs and the needs of their children, and to foster mutual assistance and advocacy. The Family Place seeks to prevent disability and to improve the life possibilities for children of poverty and powerlessness by helping to develop supports for families during pregnancy and the early critical years of childhood.

Family Place programs include social services, outreach to locate high-risk pregnant women, referrals for pre-natal care, medical care, and family planning, prenatal and child development classes, occupational therapy for handicapped infants, participant support groups, nutrition classes, shared meal preparation and meals and advocacy. Staff, volunteers and participant volunteers are encouraged to help one another in "friend-to-friend" relationships and to develop linkages of concern for healthy family life with other community resources. Through these programs The Family Place seeks to enhance parents' capacity to nurture their infants and promote their healthy physical and mental development. Family Place, originally designed for 50 families, is now engaged in raising funds to double the space now available and to move its Center.

Washington's Better Babies program has been contacted by 100 pregnant women since its beginning a year ago. The Better Babies program provides services designed to help insure the birth of normal weight babies. The Better Babies program arose out of a concern over low birth weight, the number one health problem of newborns. Low birth weight is the most common cause of infant mortality. Furthermore, infants that survive, sometimes after months of hospitalization, may have lifelong illness and handicap. Better Babies Project hopes to demonstrate that low birth weight can be prevented by finding women early in their pregnancies and helping them get needed social and medical services. They hope to help people with habits which are harmful to the baby, such as smoking, drinking, and drug abuse. Better Babies Project wants to help pregnant women reduce the physical and emotional stresses which may trigger premature labor. Better Babies does not take the place of the obstetrician but links people with the medical and other services they need. Service coordinators--staff members who form one-to-one relationships with the pregnant women, help each participant to devise a service plan unique to her needs. Better Babies works with prenatal clinics and doctors, churches, schools, tenant councils, W.I.C., and The American Red Cross. The program will be evaluated by the National Institutes of Health. The basic question: Is there improvement in birth weight statistics in the community served by the project, compared to previous years and to comparable groups and areas of the city not served?

Another model, the Mailman Family Center in Fort Lauderdale, addresses primarily the infant's social, physical and cognitive growth in the first two years, serving as a center for day care, at the same time involving the parents in the growth and development of their children. The Mailman Family Center is a privately endowed center on the campus of Nova University, serving as a showcase for Nova's Early Childhood Program, involving parents of the community in the concerns of early childhood. Staff is highly trained presenting a modular curriculum for parent-child programs. The center identifies the "at risk" toddler who would benefit from early intervention, assesses needs, provides model programs involving the family. The Center works with young children handicapped in speech and hearing.

Healthy Mothers/Healthy Babies Coalition of Palm Beach County, Inc. promotes improvements in maternal and child health services through coordination and cooperation among public, private, and voluntary organizations. (M. Fishbane, personal communication, May 19, 1986). The coalition is a community response to growing concern about the increasing number of pregnant women with no prenatal care who were appearing at hospitals for delivery.

Haitian Perinatal Intervention Program - Experimental Design, Broward General Hospital, Fort Lauderdale, Florida demonstrates the effectiveness of home-based intervention in cognitive, medical (health and hygiene), and nutritional areas among Haitian entrants and their infants. (S. Widmayer, personal communication, March 4, 1986). Two sites are in Broward County and Collier County.

Family Focus, Inc./Our Place, A Family Focus Drop-in Center for Young People, Evanston, Illinois is based on the concept that the mental health of children was closely related to that of parents. (B. Weissbourd, personal communication, May 23, 1985). The parents' sense of confidence, competence,and self-worth have a direct impact on the nature of the parent-child interraction. Family Focus perceives its role as that of providing a warmly supportive environment in which parents learn and share with others in ways that strengthen their capacity to nurture their children. "Our Place" is especially for the teenager raising a child.

High School Parent-Child Education Center, Berkeley, California (Casey, 1974) took the first steps in meeting the pregnant high school girl's needs. It provided a safe, reliable well-staffed place for student parents to leave their infants and toddlers, so they can attend classes regularly, complete their high school education and confront the problems of parenthood with sound guidance. These young parents needed family planning, counseling and sex education. The primary purpose was to give the potential high school drop-out a chance to graduate from school with a marketable skill and to qualify for higher education.

The Family Development Research Program - A Program for Prenatal, Infant and Early Childhood Enrichment, Syracuse University (Lally, Honig 1977) was longtitudinal in nature. The major goal was the support of child and familial behaviors that sustain growth and development after intervention ceases. The program offered comprehensive services to 108 families which were low in both income and education. The program provided day care but dealt directly with families of children 6-60 months of age. Services extended to include service to unborn infants. Para professionals made weekly home visits to expectant parents.

Brookline Evaluation Program (BEEP), Brookline, Massachusetts (Brookline Public Schools, 1973), began in 1973 to recruit mothers of 225 Black and Hispanic families. Using experimental and control groups BEEP was a 1) service program 2) a research project and 3) a social change agent. Brazelton Neonatal Behavioral Assessment performed in home by public health nurse trained by Brazelton, an initial diagnostic battery, and follow-up to 30 months. Strong liason with Children's Hospital Medical Center, Boston, Massachusetts. BEEP is committed to the idea that the family is the most important educational force for the young child. With home interventions, one teacher visits 30 families.

The idea of the Focus Group had merit. However, it might have been difficult in this specific situation to receive help from the Sugarcane Grower's Cooperative at the outset. Another option would have been to do a needs assessment questionnaire to be distributed throughout the 11 different cultural groups and segments of the community.

A significant question to address in this community setting was 1) whether to adopt a modified version of Washington's Family Place or Orlando's 4C or Better Babies, all primarily information and referral centers belonging to a community of participants or 2) to adopt the idea of a Center primarily for all-day developmental infant care and stimulation as in the Mailman Center, at the same time involving the family. A third option was to attempt to do both. A fourth option was to involve the community in home care, using the center for information and referral. A fifth was to target teen-agers as in Family Focus and High School Parent-Child Education Center.

Description of Selected Solutions

Of the ten models studied, the Board chose four to "borrow from" in constructing its design. Having invited the Directors of East Coast

Migrant Head Start and Wee Care, Inc. to make presentations, the Board was acutely aware of an overwhelming need for infant developmental care. On the other hand, there was evidence from statistics from Florida, Palm Beach County, and Belle Glade of a need for prevention of pregnancy abnormalities, decrease in incidence of low birth weight, promotion of postnatal cognitive, social emotional well-being. Statistics in Belle Glade showed teen-agers as a target group.

The Board, therefore, 1) combined the First Friends program of Family Place, Washington and 2) Our Place, Family Focus, Evanston, and 3) the High School Parent-Child Education Center, Berkeley, California, into a three-component program following the crucial period from conception to two years:

1) developmental day care especially for infants of teen mothers
2) First Friends 1-1 intervention to promote healthy mothers and babies
3) Family support through learning and sharing ways to strengthen their capacity to nurture their children

Adopting the name, Building Blocks, an Infant/Family Development Center, the Board did not have to incorporate, but organized as an extension of Neighbors Organized for Adequate Housing, (NOAH) Inc., a non-profit group committed to a holistic vision of a better quality of life for the community.

A vital part of the NOAH vision for fostering adequate and affordable housing included the encouragement of community well-being in the form of "social infrastructure." In addition to providing the physical structures for shelter, this non-profit organization sought to provide an opportunity to better the quality of daily living within those structures and to strengthen the support that neighbors and family could give to the individual. The organization also sought to marshall the government and private services that could be provided to the housing residents to improve that social infrastructure. The creation of an Infant Center within the housing area would be an important step in the fostering of community. (Appendix A).

The Infant Center envisioned would be located within Covenant Village, (See Appendix B) accessible to the residents of the village and a part of the community life of the Village. The center would provide prenatal and postnatal medical care, social services, and educational services, as well as a gathering place for friendship and support for young families. For example, the Infant Center would be a home for a "First Friends" program, where peers, trained and supervised neighborhood mothers, could introduce expectant mothers to information on pregnancy, child development and medical services, and lend emotional and moral support throughout the pregnancy. The Center would also have available a health care professional, a social worker, a child development specialist, and caretakers on staff. The staff would facilitate the use of social and medical services outside of the Infant Center, and keep records on the progress of the pregnancy and the development of the child. Classes on child development, nutrition, health and safety, drug abuse, and other important family matters would be offered. Through early and continual contact with pregnant women not otherwise likely to receive early and regular prenatal care, and by maintaining contact with the infant and mother throughout the early development of the child, the Infant Center would help to provide the strong start on life that offers the child an opportunity to succeed.

Proper prenatal and postnatal care and high quality early childhood education was of vital importance to the later success of disadvantaged children, and also reduced major social and economic problems within a community. "High risk" children and families, or those that were very likely to experience health or social problems, tended to be clustered in neighborhoods characterized by residential instability, deteriorating housing, low levels of social exchange and economic disadvantage. Without intervention to improve the lives of high risk children, the cycle of poverty continued. An investment in infant programs envisioned at the Infant Center, however, can break that cycle and lead to substantial benefits for the community. Results from early childhood education research, for example, (Weikart, 1982) show that young adults who attended a high quality preschool program made greater gains in education (completing high school, attending college or job training programs at higher rates), in the world of work (holding jobs and expressing more satisfaction with work), and in the community (fewer on public assistance, arrested for crimes or minor offenses, and lower birth rates). An investment in preschool has been estimated to return seven dollars for every one dollar invested. Statistics also show that it is far less costly to provide sufficient prebirth care than to provide intensive and long-term care for sickly infants.

The creation of an Infant Center as part of the community that NOAH hoped to build would complement the provision of adequate and decent housing. The Infant Center would create an opportunity for the improvement of the social infrastructure of the community, and a place where young families could be supported in a friendly setting. It would be an investment in a positive future for Belle Glade.

The writer implemented this solution to Belle Glade's needs through the formation of a core group which can later be referred to as a Board for the implementation of infant care. Serving on this board were 1) staff from the Belle Glade Rural Health clinic 2) staff from Health and Rehabilitation Services 3) social worker 4) minister of Haitian church 5) one or two community-minded individuals who have previously raised funds successfully 6) a person fluent in creole and or Spanish 7) representatives of different ethnic groups 8) teachers in early childhood and 9) directors of kindergarten centers.

Description of Selected Solutions

Report of the Action Taken

August 9, 1985:	Writer consulted with Ms. Iraida Ruiz, Director of Wee Care and Central Agency for HRS Title XX funding for the area, assured of need for infant daycare, possibility of Title XX funds.
August 9, 1985:	Writer visited Rural Health Committee, Inc. to observe infant home care. Advised that an infant center would be preferable to home care with volunteers.
August 13, 1985:	Writer presented idea of a structure for infant/family development as integral part of low cost housing community to be built across from high school. Board of this non-profit organization approved concept while asking for detailed plans.
September 1, 1985:	Writer approached staff of Glades Community Health Center to enlist support of individuals to serve on Board of Directors.
September 5, 1986:	Writer consulted with Mayor as to need for infant care and prenatal intervention. Writer consulted Director of HRS programs regarding

need for prenatal intervention, teen-age pregnancy, high school graduates.

September 10, 1985: Writer reported to Board of non-profit housing organization re tentative formation of Board to plan a center to address prenatal care and infant care. Two members of non-profit housing group volunteered for Board.

September 11, 1985: Called clinic for local statistics on number of teen-age deliveries, walk-ins, low birth weight babies.

September 25, 1986: Consulted with Director of Planned Parenthood as to need, teen-age pregnancy. Enlisted support. Received information from Southern Task Force on Infant Mortality.
Consulted with Health Department, Belle Glade and Palm Beach County, West Palm Beach. Secured statistics on live births per 1,000, births to mothers 14 and under, mothers with no prenatal care. Called HRS for guidelines for infant care.

October 1, 1985: Secured needs assessment from Supervisor of nurses, health clinic. More than 50 percent of babies delivered considered "at risk."

October 15, 1985: Referred to journalist who had gathered statistics for a story on health problems of the local community, reprinted state-wide.

October 16, 1985: Called County Head HRS regarding infant care.

October 17, 1985: Called school board for drop-out rate of girls in junior high and high school due to pregnancy.

October 18, 1985: Called head of Health Department, County level.

18 Visited hospital, asked for statistics on prenatal care.

October 19, 1985: Contacted HRS Supervisor. Referred to District Administrator HRS.

19 Lunch with members Society of Accelerated Teaching and Learning discussing infant stimulation to two years.

October 22, 1985: Wrote letter to prospective Board members including statistics relating to need and asking them to serve for one year.

November 14, 1985: First meeting of Board. The writer presented the history of day care in the community and three community documented needs: the need for care for infants to twenty-four months; the need for prenatal health care to prevent the birth of "at risk" infants; the need for a program of cognitive stimulation for infants. The group decided to waive a questionnaire, focus group or needs assessment, and to study the focus of the program.

December 7, 1985: Board meeting to examine the program of Family Place, Washington, D.C., Berkely High School Parent Child Education Center, Berkely, California.
Mailman Family Center, Fort Lauderdale and Community Coordinated Child Care, Orlando, Florida. Pro's and Con's of each model were discussed, relative to the local community needs.

January 8, 1986: Eight Board members visited Mailman Family Center, Fort Lauderdale, Florida.

January 9, 1986: Monthly Board Meeting. Director of East Coast Migrant Head Start spoke to the Board. Last year as many as 472 children on waiting list. Greatest need of care was for one and two year olds. Board discussed the nature of "Drop In" Center vs Family Care Center. Decided to build an Infant/Family Development Center with three components: 1) replicate First Friends' Program of The Family Place, Washington, D.C. Since this county has highest incidence of women receiving no prenatal care in the state, Board believed 1-1 contact with pregnant women would be effective in assuring their knowledge of and use of prenatal services. "First Friends" would provide to those they befriended a general orientation to available medical and social services, information on pregnancy, nutrition, child development, drug abuse, thereby aiding in delivering healthy babies, thereby lowering Palm Beach County's infant mortality rate and the number of babies born with birth defects and cognitive deficits.

The second component addressed the fact that the minority population of this community had no place for its infants other than ghetto rooms of unsanitary condition. Teen-age mothers needed a chance to finish school and find work. The second component embraced the concept of an infant development Center to twenty four months, open for infant care 6:00 a.m. to 6:00 p.m., modeled in part on the Mailman Family Center, Fort Lauderdale, with modifications and adaptations.

The third component, the educational component was modeled on Family Focus of Our Place, Evanston, and the High School Parent-Child Education Center, Berkeley, California. The component addressed the need for a community center where families can drop-in, experience a base of caring and support with modeling for parents regarding interraction with their infants. It provided information for parents in the areas of nutrition, effects of drug, alcohol, and tobacco abuse, parenting, child development, rap sessions with adolescent boys, the forgotten half of the teen-age pregnancy program. The center would educate for responsible parenthood, referring to agencies for family planning.

January 21, 1986: Submitted proposal to non-profit housing group. Approved.

February 13, 1986: Monthly meeting of Board decided to submit a proposal for Community Development Block Grant of $106,000 for construction funds. Board decided to approach Ford Foundation for program funding. Decided to name the center, Building Blocks, an Infant/Family Development Center. Clarified objectives as follows:

1) to build a facility to HRS specifications across from the high school on land donated by the non-profit housing organization

2) to provide infant care 6:00 a.m. to 6:00 p.m. to teen mothers, especially, providing their children with mental stimulation in a healthy emotional climate while she attends classes

3) to give instruction in child development

4) to give food and nutrition workshops on consumer education, budgeting

5) to aid in financial and investment planning

6) to be available for parenting information

7) to encourage groups to talk about what is important to them, develop a healthy self-image

8) to provide medical pre and postnatal counselling resources through a First Friends volunteer program to help make necessary prenatal visits to the clinic and access all information necessary for developing infants

9) to encourage rap sessions for adolescent boys --responsible family planning

March 4, 1986:	Director of Ford Foundation's Haitian Perinatal Intervention Program visited. Attended lunch with Ford Foundation representatives.
March 13, 1986:	Monthly meeting of Board. Director of County March of Dimes and Program Director of March of Dimes were present. Suggested we submit proposal to National March of Dimes. Zeta Phi Beta Sorority volunteered to staff volunteer First Friends program. March of Dimes would help develop curriculum for First Friends. Proposal to MacArthur Foundation, Sugar Companies, Jr. League.
April 10, 1986:	Meeting of Board. Wrote letters to County Commissioners to encourage acceptance of CDBG proposal. Director of Broward's Haitian Perinatal Intervention Program wrote letter suggesting funding sources for building. Board met in 3 task forces: 1) learning environment 2) funding and 3) First Friends Program.
April 30, 1986:	Representative from National March of Dimes visited along with County Director March of Dimes.
May 5, 1986:	Meeting in Tallahassee with HRS Director Howell regarding funding for Center.
May 8, 1986:	Monthly meeting, Building Blocks, Infant Family Development Center (IFDC). March of Dimes proposed to provide funds for Director to begin coordinating prenatal First Friends program before center is constructed. Architects' preliminary drawings were shown and discussed. Meeting set for discussion on program with March of Dimes Director. Concern was expressed that we not stray too far from our original concept.
May 19, 1986:	Healthy Mothers Healthy Babies Coalition Board Meeting.
May 27, 1986:	Special Meeting of Board called to meet with March of Dimes Director, Program Director, Haitian Perinatal Intervention, Child Survival Fair Start Initiative and Coordinator of Personnel Mennonite Central

Committee. March of Dimes National Office agreed to consider funding Director for IFDC. Director Haitian Perinatal Program funded by Ford Foundation proposed a replication of research as a part of Building Blocks Infant Family Development Center.

June 5, 1986: Board of Directors Monthly Meeting voted to accept proposal for research program to be funded by Ford Foundation. Accepted March of Dimes proposal to fund Director and begin First Friends program September 1. Developed Director's job description.

June 12, 1986: Building Blocks IFDC accepted $3,000 in start up funds from non-profit housing organization as well as building lots for construction. Met with architect to include in drawings room for Haitian Perinatal Intervention program.

June 16, 1986: Healthy Mothers Healthy Babies Coalition of County Board Meetings.

June 17, 1986: Received proposal of Haitian Perinatal Intervention Project.

June 18, 1986: Met with March of Dimes regarding proposal.

July 1, 1986: Submitted proposal for Director to March of Dimes. Submitted proposals to Hands Across America, Pratt Whitney, Mennonite Central Committee.

July 2, 1986: Discussed Haitian Perinatal Intervention Program with Director.

July 28, 1986: March of Dimes funding Director $30,000 one year. CDBG Block Grant "No." Submit again next February.

August 5, 1986: Met with Community Coordinator from ACTS for purpose of making IFDC centerpiece for community involvement.

August 6, 1986: Site visited by representative from Ford Foundation.

August 7, 1986: Meeting with March of Dimes re: hiring Director.

August 8, 1986: Meeting with Community Development Director with ACTS.

August 11, 1986: Meeting with Mailman Family Center Director.

August 14, 1986: Meeting with IFDC Committee to hire Director. Ad placed in papers.

August 17, 1986: Story on IFDC to metropolitan papers.

August 21, 1986: Met with HRS Central Agency to see if building could be in place by March 1 for present funding. No.

September 2, 1986: Met with architects to see if building could be in place by March 1.

September 11, 1986: Meeting of IFDC Board. Adopted guidelines for selection of Director. Job descriptions for social services coordinator and health services coordinator.

September 18, 1986: Meeting of Board to develop questions for interviews for Director.

September 23, 1986: Interviews for Director.

September 24, 1986: Interviews for Director.

September 25, 1986: Interviews for Director.

September 27, 1986: Interviews for Director.

October 8, 1986: Meeting with March of Dimes.

October 9, 1986: Meeting with Director Haitian Perinatal Intervention Program.

October 12, 1986: Mailed query letters to: (See Appendix G).

October 15, 1986: Meeting to complete plans for First Friends Program.

October 16, 1986: Monthly meeting to interview three leading candidates. Selected Director. Planned community involvement in fund raiser for Heritage Day, November 20. Query letters sent. (See Appendix G).

The first major deviation from the original plan came when the Board decided not to conduct a needs assessment. The need had been well documented on a state and county level. High school authorities did not keep statistics on number of pregnancies or were unwilling because of confidentiality to reveal them. Statistics became available from the supervising nurse at the county health clinic, although local hospital officials would not release them. Area and state newspapers had published the need in this community. The concept of the focus group in the local sugar industry did not appear to interest the Board, probably because 1) the management of sugar and vegetable cooperatives seemed unapproachable 2) the Board members themselves had not yet developed an "ownership" of the project and were unwilling at the outset to be facilitators of discussions between groups of employees and employers. It was too threatening and risky at the outset.

The Board expressed a real interest visiting infant centers and inviting Directors of existing centers to speak at Board meetings. Visits that had been projected for June were done in January and February. Since applications for Community Development Block Grants were due by February 28, a complete proposal with program, budget, building specifications and cost was published when the Board had met as a group only four times. The proposal was revised on June 26 and professional architectural plans included.

When it became apparent in early August that Community Development Block Grant funds for building would not be available in 1986, the Board decided to go ahead immediately with the prenatal program for prevention of birth abnormalities funded by March of Dimes, using space donated by the Catholic Community Center until funds could be raised for a building.

At this time the program began to be seen in two phases 1) the First Friends program to prevent pregnancy abnormalities, decrease the incidence of low birth weight babies, and promote the infant's health in the post-neonatal period at least to six months. The program would be designed to initiate and maintain contact with pregnant women not likely to receive early and regular prenatal care. 2) the development of funds of $250,000 for a facility and a program for sixty infants and toddlers. Phase one was to begin in November, 1986 and Phase two could probably be in place no sooner than January 1988. Plans for the facility were ready and a program for fund raising developed, but the actual raising of funds, construction of building and development of daily program for infants would take several months to a year. Therefore, implementation of First Friends program began after one year of planning. Implementation of day care for sixty children in a new facility would take an additional year.

CHAPTER V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results

Specific objectives of the writer included: 1) making a needs assessment, using a focus group and perhaps also a survey or questionnaire 2) organizing a core group, and network of expertise to plan a facility, the operation of a program, job specifications, administration, and sources of funding 3) write a proposal(s) for funding and submit to funding sources 4) build community commitment.

The success of this planning period was to be measured by evidence of visible interest on the part of a community of people (i.e.) letters of support, funds raised, activities initiated at meetings. Success would have been achieved if there was: 1) a network of people consistently involved in the planning 2) evidence of a plan for a facility 3) evidence of a budget 4) evidence of a program 5) evidence of funding sources identified and a fund-raising plan in hand.

The writer first enlisted support of 22 leaders as an Executive Board. Leaders included, the mayor, county commissioners, hospital staff, clinic staff, early childhood specialists, social services personnel. Twelve of the twenty-two appeared at the first Board meeting and nine were consistently present and committed. Three more were later added so that the complete Board at the end of one year was twelve committed persons from health, education and social services. (See Appendix D).

The Board became a dynamic group when in July, after six months, they all became involved in preparing a job description for the Director to be funded by March of Dimes. Instead of having a personnel committee appointed by the chairperson, they all twelve wanted to interview every candidate for Director. (There were sixteen candidates). Remembering Reusis Leikert's human relations theory (Fulmer, 1985) the writer encouraged the Board's participation, although it meant at least five extra meetings on their part, and hours of discussion as to questions to ask candidates, how to advertise, what questions to ask on a background search. The writer was gratified that generally there was group participation as in the Japanese process of decision-making. The writer believed the group generally displayed the characteristics outlined by Douglas McGregor:

> 1. The atmosphere tends to be informal, comfortable, relaxed.
> 2. There is a lot of discussion in which virtually everyone participates, but it remains pertinent to the task of the group.
> 3. The task or objective of the group is well understood and accepted by the members. There will have been free discussion of the objective at some point until it was formulated in such a way that the members of the group could commit themselves to it.
> 4. The members listen to each other! Every idea is given a hearing. People do not appear to be afraid of being foolish by putting forth a creative thought, even if it seems fairly extreme.
> 5. There is disagreement. Disagreements are not suppressed or overridden by premature group action. The reasons are carefully examined, and the group seeks to resolve them rather than to dominate the dissenter.
> 6. Most decisions are reached by a kind of consensus in which it is clear that everyone is in general agreement. Formal voting is at a minimum; the group does not accept a simple

majority as a proper basis of action.

7. Criticism is frequent, frank, and relatively comfortable. There is little evidence of personal attack, either openly or in a hidden fashion.
8. People are free in expressing their feelings as well as their ideas both on the problem and the group's operation.
9. When action is taken, clear assignments are made and accepted.
10. The chair of the group does not dominate it, nor on the contrary does the group defer unduly to the leader. In fact, the leadership shifts from time to time depending upon the circumstances. There is little evidence of a struggle for power as the group operates. The issue is not who controls but how to get the job done.
11. The group is self-conscious of its own operation. (Fulmer, 1983)

Of importance in the planning, equal to the Board, were a group of consultants who actively participated when called upon and often volunteered assistance. (See Appendix D). These persons were primarily persons with vested interests in the program; a land developer, Director of the non-profit housing organization, an educational specialist in accelerated teaching and learning, the Director and Program Director of March of Dimes, the Director of Haitian Perinatal Intervention program. All of these persons were helpful in identifying funding sources, and telling others of the existence of the new organization. Another new organization, Healthy Mothers, Healthy Babies in the eastern part of the county, with goals and objectives similar to ours invited the writer to be a member of their Board, so that there was support from another twelve persons with the same goals as ours. All of these valuable people were outside the immediate community but with a real interest in the welfare of the community. This network of expertise from outside and the commitment of the twelve Board members in the community became a strong, viable group. It had also within the community of support, the entire Board of the non-profit housing organization, another twelve people. The writer felt the dynamics of the Board meetings, the committed group, the network of expertise met the standards of the objective. Twelve Board members were committed and involved, ten other members were peripheral but could be called upon, twelve Board members from the non-profit group and twelve more from Healthy Mothers, Healthy Babies, Inc. totalled 46 persons involved and interested along with four on-going advisors/consultants brought the total number of persons involved in varying degrees of supportiveness to fifty.

The second objective was development of a program. (See Appendix E). The First Friends program from Family Place, Washington, D.C. was adapted in its entirety for replication with a few modifications. The target group was teen-aged primaparas from the high school and mothers of first children from the Neighborhood Strategy Area, the ten block ghetto of impacted housing. First Friends would be encouraged to visit, on a one-to-one basis, selected mothers of babies "at risk." An extensive orientation program of three hours for three nights for the selected volunteers to be First Friends was developed by Healthy Mothers, Healthy Babies to be used by Building Blocks with slight modification.

Members of the Board of Building Blocks were called upon to develop the nine hours orientation sessions dealing with 1) substance abuse 2) physioligical implications of pregnancy 3) nutrition 4) budgeting and consumerism 5) communication 6) cultural implications 7) knowing, accessing the system 8) how to refer 9) documenting results. Healthy Mothers Healthy Babies material was adapted for the home visits. At the end of one year, the prenatal-postnatal First Friends advocacy program was ready to begin, with plans for 1) orientation sessions for Friends and 2) teaching sessions with the Befriendeds. Community group sessions as in Family Focus teen program had not begun but were in the planning process. After twelve months, the Director began with the program in place.

The program for the Infant Development Center was still in process. The Board was using Mailman Family Center as a model along with that of the Haitian Perinatal Program.

Through the writer's networking with a metropolitan hospital in the area, Ford Foundation became interested in funding a program similar to First Friends volunteer program. Ford's Haitian Perinatal Intervention Program would be targeted at the Haitian population only, with control and experimental groups for the purpose of measuring significant differences in the group with intervention. Ford Foundation has made a site visit and is considering funding a four year research program involving 50 Haitian mothers. (See Appendix F). This program may be put in place in January 1987, along with the First Friends' program.

The third objective, identifying funding sources, was thoroughly researched by the writer, members of the Board and Advisory Board. (See Appendix G). Funding sources were Title XX, Job Training Partnership Act, for day care program, Community Development Block Grant for construction of building. March of Dimes and Ford Foundation were major sources of program funds for prenatal component. Another source of funds and support was Mennonite Central Committee who volunteers young people for a two year committment in service projects. Mennonite Central Committee has committed itself to funding a health coordinator for the First Friends program. (Appendix C).

A plan for funding was developed. All vegetable and sugarcane growers in the area were approached by query letter and proposal, beginning with U.S. Sugar. Query letters were sent to thirty foundations known to fund buildings. It is hoped that by the end of twelve more months, county, foundation and local monies may be had in the amount of $250,000 so that the Family Center may be completed. National Foundations and County monies will not be attracted to a project without local commitment in funds. Therefore, community involvement in funding is of the utmost importance.

A plan for a facility grew to encompass 5,000 square feet at a cost of $250,000. The concept was enlarged to include Ford Foundation's office space for medical exams and Director. The Board displayed great interest in the design of the facility, making its own rough sketches. The design is now in its third preliminary drawing. (See Appendix I).

Three proposals were developed. The February 28th proposal was sent to the County Commissioners after an oral presentation had been made to the City Commissioners. The second proposal, an improvement on the first was done June 26 and sent to Hands Across America, Pratt and Whitney, U.S. Sugar, Ford Foundation, Mennonite Central Committee. A July first proposal was especially written to March of Dimes specifications.

The last objective, development of Community support, is in process.

Zeta Phi Beta Sorority, a group of professional black women volunteered its entire organization to become First Friends advocates. Zeta Phi Beta is an international sorority with the objective of healthy birth outcomes its main purpose for being. These women made the First Friends a viable program.

In February, 1986 the Chairperson of the County Commission made a trip to Ethiopia during its time of greatest hunger. He was a guest of ACTS (Assisting Communities Toward Self-Help). The purpose of this organization was to take leaders from this county to development projects in other parts of the world, hoping they would a) lend their support to these projects or b) find similar projects in their own areas of influence in the United States. The County Commissioner, upon returning from his African trip, turned his attention to the Belle Glade Community, working closely with the representative from ACTS to develop a long-term committment to bettering the quality of life of this community.

At this writing, it is proposed by ACTS and the leaders of the Community that a) a Belle Glade Foundation be formed of 100 community leaders giving financial support and b) that the first development project of the community-at-large be Building Blocks, an Infant/Family Development Center. This Center which proposes to involve 250 families each year would be replicated in seven spin-off groups within the city, thereby making a pervasive impact on the next generation of babies within the city. (See Appendix J).

Although, in every instance, the objectives were met, the time frame was changed. At the end of one year of planning the First Friends program was put into operation with plans for a drop-in center. One more year (November 1986 - November 1987) with a Director hired and two staff persons, the funds will be raised and program completed for the Infant/Family Development Center. Instead of one year, the project will take two years.

Conclusions

The success of this program was due to the writer's networking with people in health, education and social services. People extended themselves to be helpful. The Haitian Perinatal Intervention program would not have happened had the writer not spoken of the project to a metropolitan area hospital anthropologist who knew of Ford Foundation's involvement. The writer happened to see in the newspaper a story about a similar group being formed in another city. After writing the President of the Board, the writer became a member, and the two groups exchanged ideas and expertise. One person who had been invited to speak to the Board, later applied for position of Director. News of the new group began to have a momentun of its own, as persons in different services passed the word about this new social service. Soon people were asking to see proposals. Verbal communication in many directions was extremely important to the project.

However, with so much communication, it is difficult to control the direction. One well-meaning person registered a protest with the State Department of Social Services in Tallahassee relative to lack of service in this community. This protest has hampered communications between Building Blocks and Social Services in the community. It is of the utmost importance that in attempting to make a positive difference in the community, one does not present herself as critical in a negative sense of the health, education or social services. One presents oneself solely as an agency of good will, appreciating the overwhelming task of the community services.

Recommendations

The writer recommends 1) a Board of twelve, perhaps four from education, four from health, four from social services. Aim for McGregor's characteristics of a dynamic group. The writer also recommends 2) a needs assessment. Not making one was a mistake. Ford Foundation has put off making a commitment because a needs assessment was not done in the Haitian community. The writer also recommends 3) a person(s) on the Board who can write proposals 4) the writer recommends achieving strong local community commitment before going to the national organizations 5) the writer recommends that organizational helps be initiated from the start (file folders, filing cabinets, circular files for names and numbers). It is important that all information be kept and properly classified for instant retrieval, otherwise the paper work alone can be discouraging 6) the writer recommends that each person be thanked immediately and often. After all, there would be no project if it were not for the support of helpful people 7) the writer recommends finally a quote from the Thomas Merton, Catholic Priest and Activist:

> "Do not depend on the hope of results. When you are doing the sort of work you have taken on...you may have to face the fact that your work will be apparenly worthless and even achieve no result at all, if not perhaps results opposite to what you expect. As you get used to this idea, you start more and more to concentrate not on the results but on the value, the truth of the work itself. And there, too, a

> great deal has to be gone through, as gradually you struggle less and less for an idea and more and more for specific people. The range tends to narrow down, but it gets much more real. In the end it is the reality of personal relationships that saves everything."

Dissemination

The writer hopes this project will be a model for the city, replicated in different areas of the city, as suggested by ACTS. The writer understands that March of Dimes is interested in publicizing it as a model for community action. It is also hoped that Ford Foundation will make the project a part of its international project, Child Survival Fair Start Program.

References

Alisberg, H. (1984). Public/private partnership--a cost effective model for child day care services. United Way of Connecticut, W. Hartford (ED 242 422)

Appalachian Regional Commission (1982). _1982 Annual Report_, Washington, D.C. (ED 238 642)

Belle Glade City Library (1940). _Report of the Belle Glade Community Center, Inc._

Boukydis, Z. (1984). _The Importance of Parenting Networks_. Presented at Parent Care: For Parents of Critically Ill Newborns. First Annual Conference, Salt Lake City, Utah.

Brookline Public Schools, Mass. (1973). Brookline program for infants and their families: the first operational year. Brookline Mass. Public Schools. (ERIC Document Reproduction Service No. ED ED 135 476)

Brazelton, T. B. (1982). A developmental framework of infants and children: A future for pediatric responsibility presented at the Seventh Annual Suncoast Conference, Clearwater Beach, Florida. Reprint requests: T. Berry Brazelton, M.C. Department of Pediatrics. Children's Hospital, 300 Longwood Ave. Cambridge, MA 02115

Casey, Vera M. (1974). High school parent-child education center. _Young Children_, _29_, 90-95.

Children's Defense Funds (1984, June). Teens with infants face an uphill battle. (Report No. 3)

Chiles, L. (1985, May 26). Proper prenatal care. The Post, West Palm Beach, Florida editorial

City of Belle Glade, Fla. (1978). Comprehensive Plan.

Congress of the U.S. (1985). Families and Child Care: Improving The Options. A report by the Select Committee on Children, Youth, and Families. U.S. House of Representatives. Ninety-Eighth Congress, Second Session. Report No. House-R-98-1180. 184p.

Ferguson, E. (1985, June 22). Poor women need prenatal care, health officials say. Miami Herald, Miami, Florida.

Ferguson, E. (1985, August 25). Malnutrition casts shadows over childbirth. The Florida Times-Union, Jacksonville, Florida.

Forest, J. (1978). Thomas Merton: Prophet in the Belly of a Paradox. New York: Paulist Press.

Fulmer, R.M. (1983). The New Management. New York: McMillan Publishing Co., Inc.

Gabarino, J. (1981). An ecological approach to child maltreatment. In L. Pelton (Ed.) The Social Context of Child Abuse and Neglect. (Chapter 7). New York: Human Services Press.

Lally, J., & Honig. A. (1977). The Family Development Research Program for Prenatal, Infant and Early Childhood Enrichment. Final Report. Syracuse University. Children's Bureau, Washington, D.C. ED 143458

Michaels, M. (1985, July 14). Who's raising Our Children: The Post. West Palm Beach, Florida.

O'Reilly, J. (1985, July 8). Adapting to a different role. Time 126, 82-83

Riley, R. (1985, August 8). We can save babies with aid, education, USA TODAY, p. 7A

Sameroff, A.J. & Chandler, M.J. Reproductive risk and the continumm caretaking casualty. In F.D. Horowitz, M. Hetherington, S. Scarr-Salapatek, & G. Siegel (Eds.) Review of Child Development Research. 4, 187-244.

Silverman, P. (1983). Focus groups: A needs assessment approach to corporate child care policy planning. Catalyst's Corporate Child Care Resource, 14 East 60th St., N.Y. 10022 (ED 238 535)

Stengel, R. (1985, December 9). The missing-father myth. Time, p.90.

Wallis, C. (1985, August 12) ED Aids: A growing threat. Time, 126, 40-47.

Wallis, C. (1985, December 9). Children having children. Time, p.78-90.

Weikart, D. (1982). The Ypsilanti Perry Preschool Project in Support of Early Childhood Education, 600 North River Street, Ypsilanti, Michigan 48197

APPENDIX A

THE VISION

The Planning Board of the Family Center sets as its goal the building of a facility to become an integral part of NOAH's 131 dwelling housing complex in the vicinity of Glades Central High School. Aware of the complex problems facing pregnant teen-age-age mothers, their infants, (See Time Magazine's cover story, November 1985) the Board envisions a place readily available to this population. Since Glades Health Department documents over one-half the infants born in 1984, referred to the Health Clinic were born of teen-age girls and further that one girl in eight received no pre-natal care, the Board sees as the primary purpose to give the high school drop-out or potential drop-out, a chance to graduate from school with a marketable skill. The mother will given the following services:

* infant and child care that provides her child with a healthy mental stimulation and emotional education while she attends classes.

* instruction in child development

* food and nutrition workshops on consumer education, budgeting,

* financial and investment planning

* parenting information

* groups to talk about what is important to her, to help her develop a healthy self-image, peer support

* medical - pre and post natal counselling resources through a first friends volunteer program to help make necessary pre-natal visits to the clinic and access to all the information necessary for her developing infant

* groups open to fathers

* Lamaze classes

MODELS STUDIED BY THE BOARD OF THE PROPOSED INFANT CENTER

During the months of November, December, and January the Board of fifteen members whose expertise is related primarily to early childhood education, health, and social services, has studied in some depth seven models for serving infants and families: 1) Family Focus, a Drop-in Center, Evanston, Illinois; 2) Family Place and 3) Better Babies, Washington, D.C.; 4) Parent-Child Education Center of Nova University, Fort Lauderdale, Florida; 6) Community Coordinated Child Care of Central Florida, Orlando, Florida, and 7) East Coast Migrant Head Start, Belle Glade, Florida. 8)

WHAT IS THE SPECIFIC NEED TO BE ADDRESSED IN BELLE GLADE

The perinatal period covers the time between conception and a baby's first month after birth. A healthy mother has the best chance of having a healthy baby. Prenatal care, particularly for the high-risk pregnant woman, is an essential facet of perinatal medicine. We are particularly concerned about pregnant women who do not eat properly, neglect personal health care and wait until the last minute before seeing a doctor. These women are the most likely to have damaged babies.

WHY IS TEEN-AGE PREGNANCY DANGEROUS?

Adolescent girls make up the highest risk category of motherhood. With their own bodies still not completely formed while struggling to nourish new life, they have an extremely high of prematurity, low birthweight babies and infant mortality.

WHY IS LOW BIRTHWEIGHT DANGEROUS?

Babies weighing as little as 4 lbs. 6 oz. at birth are less likely to survive and develop normally than infants who are heavier at birth. Lack of prenatal care and maternal malnutrition are closely identified with the problem. Mr. Marcia Fishbane of HRS in Palm Beach County says that perhaps half of birth defects could be avoided by proper pre-natal care.

WHAT ARE THE STATISTICS FOR BELLE GLADE?

Statistics from the Glades Health Clinic show that over 50% of babies on record there are born of teen-agers. Records also show that one in eight mothers receives no pre-natal care; most mothers received no medical care during the first 45 days, a time crucial to the development of the fetus, when a mother's diet or use of drugs can effect its normal development.

WHAT ARE THE PURPOSES OF A FAMILY CENTER FOR TEENS ON NOAH PROPERTY?

* to provide a carefully planned, quality child care program for infants from birth to twenty-four months so that the high school parent drop-out or potential dropout a chance to graduate from school with a marketable skill

- to give infants and toddlers a positive direction toward learning and discovering, at the same time establishing bonds of affection with the people who take care of them, that they may come to know the world as a trustworthy place
- to establish a First Friends relationship on a one- to-one volunteer basis with pregnant teens so that they may access the care and information so vital to them and the development of their infants
- to serve as a community center where families can drop-in and experience a base of caring and support and also provide modeling for parents regarding interaction with children
- to provide information for groups interested in Lamaze classes, nutrition, child development
- to provide rap sessions for adolescent boys, the forgotten half of the teen-age pregnancy problem

WHAT TYPE OF FACILITY WILL BE NEEDED?

The Board of the Family Center envisions a building of two stories near Glades Central High School and Lakeshore Middle School on the NOAH property. The facility would be designed to serve a maximum capacity of 50 infants and toddlers on the ground floor, embracing approximately 2,000 square feet and built to HRS specifications: 35 square feet per infant indoor; 45 square feet per infant outdoors (one-half at one time). The facility would need three baths, a kitchen, a laundry room, an isolation room for a sick child, and sufficient parking space for staff and for bringing and returning with infants.

The second floor would serve as a drop-in center and a place for group discussions and classes. Two large rooms, office space, storage space, bathroom could accommodate parent groups and counselling.

WHAT ABOUT STAFFING?

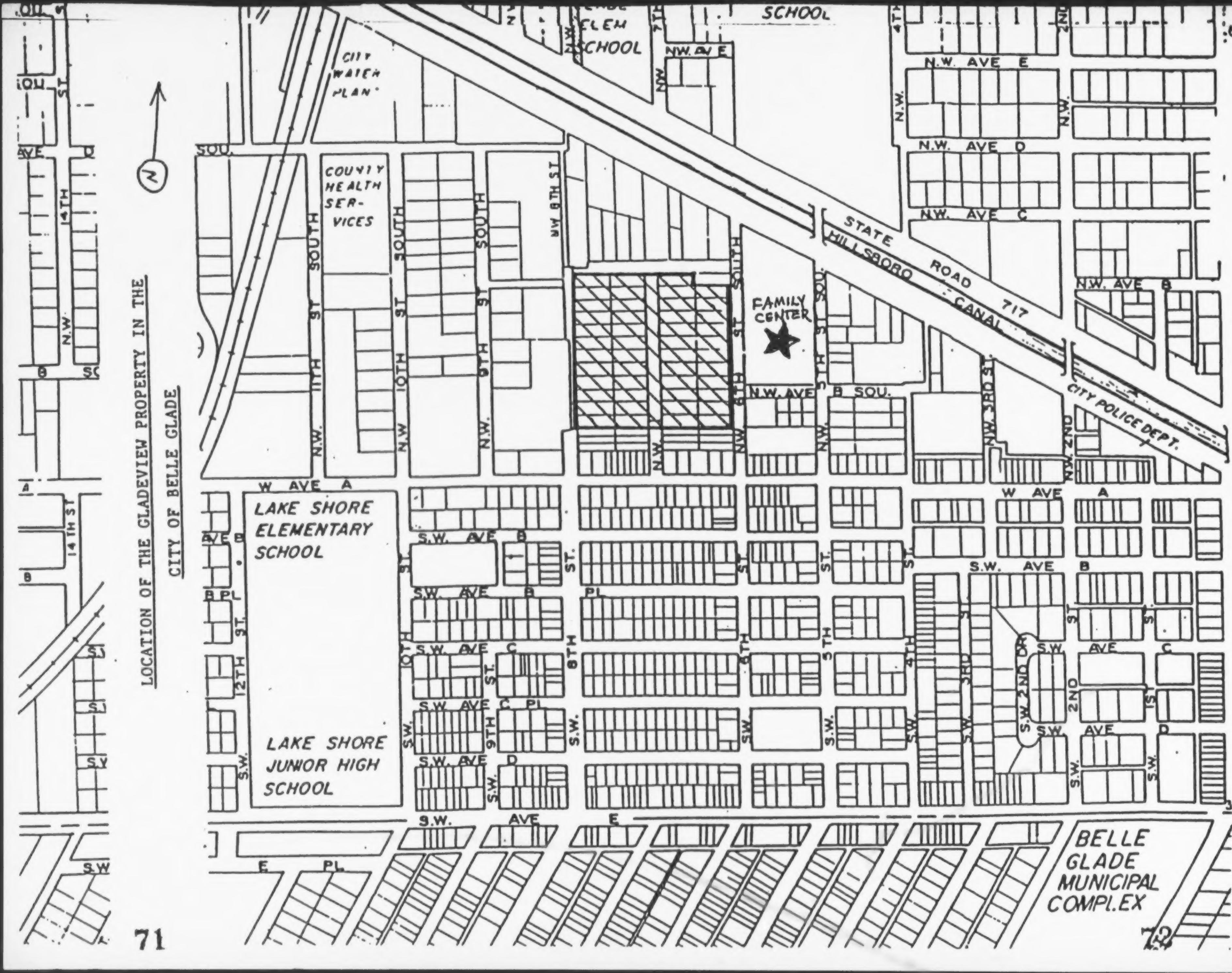
The center would need to hire a director, seven care-takers, and a cook. Food would be provided by AFDC funds, to maintain the operation by Title XX. Funds will be needed from other sources for the construction of the building itself. NOAH will provide the lot as a part of Covenant Village.

WILL RESIDENTS OF COVENANT VILLAGE USE THE FACILITY?

The Family Center would have as its priority residents of Covenant Village and teen-age mothers and fathers in the nearby high school and middle school.

APPENDIX B

MAP OF NEIGHBORHOOD STRATEGY AREA


LOCATION OF THE GLADEVIEW PROPERTY IN THE CITY OF BELLE GLADE

APPENDIX C

JOB DESCRIPTIONS

F. STAFF QUALIFICATIONS

1. Overall Project Director: Holds Bachelor's Degree in one of the following fields: Health, Social Sciences, Early Childhood Education
2. Has experience and/or Master's Degree in Administration with emphasis in supervisory and organizational skills
3. Is sensitive to the various needs of the Belle Glade community
4. Is able to establish rapport with the community, service resources, Board of Directors and Staff
5. Possess strong written and oral communications skills
6. Has experience in grantsmanship

Job Description

1. Develops and oversees approved budget for the running of the Center in accordance with audit requirements
2. Compiles, analyzes and composes data
3. Recruits, interviews and supervises staff, in service training
4. Writes proposals, finding funding sources
5. Acts as liason to community-at-large, especially to health and social services
6. Works cooperatively with Board of Directors, Building Blocks
7. Coordinates and supervises the overall program of Building Blocks infant/family development Center

Social services coordinator serves as project supervisor for "First Friends" program together with Pediatric Coordinator. Needs to qualify: M.S., knowledge of and sensitivity to the community, bi-lingual (Spanish and/or creole).

Pediatric Coordinator serves as project supervisor for "First Friends" together with social services coordinator. Needs to qualify: R.N., knowledge of the community, bi-lingual (creole/Spanish).

NOAH
Neighbors Organized for Adequate Housing, Inc.
P.O. BOX 13, BELLE GLADE, FLORIDA 33430 ★ (305) 996-0131

BUILDING BLOCKS
INFANT/FAMILY DEVELOPMENT CENTER
NOAH, INC.
BELLE GLADE, FLORIDA

SOCIAL SERVICES COORDINATOR

QUALIFICATIONS: Bachelor's Degree in Social Sciences; Bilingual (preferred) in Spanish or Creole.

RESPONSIBLE FOR:

1. Knowledge of the community and a sensitivity to its needs.
2. Communicating the Building Blocks Program to the community, (Radio, Press, networking with agencies)
3. Working closely with community service agencies, i.e., Glades Community Health Center, Glades Central High School, Planned Parenthood, Healthy Mothers, Healthy Babies Coalition of Palm Beach County.
4. Planning and conducting workshops, group discussions (along with Health Services Coordinator) on drug and alcohol abuse, responsible family living, parenting skills, child care and development, nutrition.
5. Available for referral to the whole spectrum of social services for individual need.
6. Accountable for all records kept on First Friends Volunteer Program (Statistics of W.I.C., Pregnancy follow-up).
7. Coordinate the First Friends Volunteer Program of 20 Volunteers, 20 Pregnant as described in the proposal.
8. Work closely with March of Dimes Program Director.

HEALTH SERVICE COORDINATOR

QUALIFICATIONS: R.N. Preferred, but experienced person in other fields of health would be considered, i.e. Nutritionist, Medical Technician, L.P.N.

RESPONSIBLE FOR: Working with Social Service Coordinator. Both will work together as a team training volunteers: Cultural differences, listening skills, psychological needs of young adults and in child development, nutrition, psysiological aspects of pregnancy. Substance abuse with parents.

NOAH
Neighbors Organized for Adequate Housing, Inc.
P.O. BOX 13, BELLE GLADE, FLORIDA 33430 ★ (305) 996-0131

ROLE DESCRIPTION FOR HEALTH CARE WORKER
FIRST FRIENDS PROGRAM

- Assess each new client in infant center within first week of attendance and formulate a care plan for any problems or deficiencies noted. Care plan to be updated.
- Communicate this plan to other BB personel and/or involved staff so everyone can follow through.
- Serve as a liason for clients to other referrals in the Health Care network.
- Be responsible for giving any medications to infants and toddlers while in the center.
- Be responsible for proper storage of those meds.
- Serve as a teacher to parents on a 1-1 basis or class basis.
- Be prepared to assess clients on a pru basis and recommend proper referrals.
- Responsible for care of any client who is ill and in the isolation room until picked up.
- Formulate a first aid kit that is approved by the City? State? and teach Staff anything they need to know in particular about its use, and/or special problems of clients.
- Complete a file on each client that includes the initial care plan and updated entries, immunization records, releases and consents, and some type of developmental screening tool.
- Be responsible for checking those immunizations regularly and telling the parents if overdue. Possible class subject.

APPENDIX D

EXECUTIVE BOARD

BOARD OF DIRECTORS
BUILDING BLOCKS
AN INFANT/FAMILY DEVELOPMENT CENTER

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APPENDIX E

FIRST FRIENDS

Objective(s)

1) to build a facility to HRS specifications in Covenant Village near Glades Central High School, to house (at any given time) 50 infants/toddlers, office space for overall Center Project Director, Project Director of Haitian Perinatal Intervention Program, office space for HPIP staff, room for examination of infants, class room-family room for educational component
2) to give unemployed women an opportunity to join the work force
3) to relieve young children of the care of their siblings
4) to promote the cognitive, emotional and physical development of infants and toddlers
5) to provide a program for the purpose of assuring that mothers access information on pre-natal care; to prevent pregnancy abnormalities and low birth weight
6) to provide programs for addressing the effects of drugs, parenting and child development, nutrition, and the moral and social responsibility of family life

Project Activities

"First Friends" is a program of outreach to pregnant women based on peer contact, emotional support, and follow-up. The program is called "First Friends" because we believe that the best present one can give to the unborn baby is a healthy and happy mother who promotes her/his prenatal well-being.

Staff of the Glades Community Health Center tell us that 1 out of 8 of Dr. Hatton's and Dr. Barhoush's deliveries are of "walk-in" mothers, that is, mothers of no pre-natal care. Many more, undocumented, come for care during the seventh month or last trimester, too late for health measures to insure a healthy baby. Most of these young mothers do not understand the need for pre-natal care.

It does not exist in their native lands, except for privileged minorities, and, stacked against their perception of urgent needs, it receives low priority. The experience of First Friends, Washington, D.C. shows that these pregnant women respond and attend pre-natal visits when they are contacted by phone and are given information and emotional support, provided with social services, and helped with small amounts of money to secure transportation and/or babysitting. Based on these experiences at Family Place, Washington, Family Focus, Evanston, Illinois we will establish First Friends program, Belle Glade with funding and support from March of Dimes.

The first step in "First Friend" is the recruitment of volunteer "First Friends". We seek out experienced mothers from the community, who are good listeners, compassionate, knowledgeable about pregnancy and infant care, and willing to make a committment of one year to the program. First Friends will be recruited from a variety of sources: churches, other community agencies, personal contact, an ad in the newspaper and response to media coverage. After recruitment and screening by telephone and interview, training begins and is on-going. Training topics will include: the culture of the women served; the physiological aspects of pregnancy; and the system of social services for pregnant women. While intensive orientation takes place before the "First Friend" assumes responsiblity for a pregnant woman, on-going training and supervision is always provided. "First Friends" will be grouped by three or four with a team leader. Most of the on-going training and supervision is provided by the team leader, who is a volunteer from Zeta Phi Beta Sorority (See Appendix C). The team leader, besides coordinating the work of team members, is additionally responsible for collecting service statistics, and reporting regularly to the Project Director.

The entire service team will meet frequently with the Project Director to provide feedback in program progress, and discuss issues of service delivery.

Services - Work Task

"First Friends" provide to pregnant women a general orientation to available medical and social services, information on pregnancy and nutrition and child development, emotional and moral support and companionship. Service begins when a pregnant woman presents herself at one of the referring agencies. At that point, a call is placed by the agency's social worker to the Project Director who immediately speaks to the pregnant woman, to be "befriended."; explains the program in more detail; gives the name of the First Friend who will be contacting her; and, arranges for the initial contact which takes place within 48 hours. A personal visit also takes place within one week after referral. From the point of initial contact, the First Friend speaks to the Befriended at a minimum of once a week. Much of this contact takes place by phone, at an average of about one hour per week. At least two personal visits during pregnancy are required. These contacts provide the pregnant woman with a reminder that there is someone concerned about her, and willing to help. During these calls, much informal education about pregnancy, nutrition, medical care and child development takes place. The First Friend may accompany the Befriended in the delivery room. After the birth takes place, First Friends continue supporting and providing information to the new mothers, using the same means of regular telephone contact and personal visits. At this time, the new mother may bring her baby to the Infant/Family Center, "Building Blocks" or may come with her baby to the Center to take part in its educational activities. First Friends continues through the first six months, and may be extended for a longer period upon request. (See Appendix F).

The second component of "Building Blocks" is day care for 50 infants and toddlers, many of which have benefitted from the "First Friends" Program. Targeted populations are low-income black, white and Hispanic primaparas without adequate family support living in the low income housing project Covenant Village and/or attending Glades Central High School or in the larger NSA of Belle Glade. The Center will be open 6:00 a.m. until 6:00 p.m. so that mothers who work farm labor may leave infants when going to the fields and pick them up upon returning.

This component is designed to provide a carefully planned, quality child care program; b) to provide individual programs for children, particularly where there are lags in development; c) to act as an "early detection system," and to refer parents and children to appropriate resources when indicated; d) to provide activities appropriate to the child's developmental stage. (See Appendix H). The overall goal of this component of "Building Blocks" is to promote the full development and general competence of infants and toddlers up to 24 months, reducing the occurrence of emotional, physical, social or cognitive deficits through appropriate preventive services. A staff of caretakers will receive regular training.

Component Three has as its overall goal: to influence the quality of parent-child and family interaction so as to improve the competence of parents as parents.

Work Task Three (the third component of "Building Blocks") will utilize in-kind services from Zeta Phi Beta Sorority, Glades Community Health Center, a social services person and a health services person. This program activity is targeted toward the parents to develop positive approaches toward their children; to increase parents' awareness of the developmental processes by which their children grow, and the implications of these various stages for effective parenting; to provide information, guidance, and modeling of parental skills; to provide information and assistance to help parents meet the health, nutritional and educational needs of their children; to provide discussion regarding the social and moral responsibility of family life. Groups may meet in the afternoon for teen-agers in school or at night for parents. Information may be picked up informally when parents leave and/or come for their babies. Topics will come from the explicit needs of parents.

Work Task Four (to be housed in Building Blocks facility) will be the Haitian Perinatal Research Project funded by Ford Foundation to operate independently of First Friends. (See Appendix G)

VOLUNTEERS: FIRST FRIENDS

Job Description

Qualifications:

1. Needs to be caring mother and/or grandmother
2. Needs to be able to communicate
3. Needs to know how to listen
4. Must feel comfortable working with other ethnic and/or minority groups
5. Needs to know how to empathize
6. Creole/Spanish will be helpful
7. Must be responsible to commitments made

Requirements:

1. Needs to have resided in Belle Glade for at least one year
2. Needs to have a telephone
3. Needs access to transportation
4. Must participate in one orientation session
5. Must be able to maintain regular record keeping
6. Must be responsible to the structure of the program
7. Must make commitment until newborn is one year of age
8. Requested to participate in quarterly gatherings with Befriendeds

GUIDELINES FOR FIRST FRIEND RESPONSIBILITIES

CONTACTS

1. The initial contact with F.F., Befriended (B.F.) will be made with coordinator present to explain program goals and participant responsibilities.
2. F.F. must make a once a week contact with B.F. after initial contact.
3. For all B.F. without phone, arrangements for succeeding contact to be made at initial conference.
4. Team Leaders (T.L.) must contact Team Members (T.M.) at lease once a month on progress/problems adn to phone in statistics.
5. Project coordinators must contact TEAM LEADERS (T.L.) once a month.

IX. A PLAN FOR EVALUATION AND MONITORING
FIRST FRIENDS PROGRAM

Record-keeping includes information designed to help First Friend serve her befriended well during pregnancy and early years of the child's life, as well as the accounting of services rendered. The evaluation will include an assessment of the "First Friends" program by both the Befriended and the First Friends, as well as, to the extent possible, a comparison of the Befriendeds with the general population served by the Rural Health Clinic and Health and Rehabilitation Services, especially with respect to number and regularity of prenatal visits, gestational age and birth weight and utilization of W.I.C.

A. General information on monthly number of pregnant women includes: 1) number of new Befriended, 2) continuing Befriended 3) number of Befriended who had agencies called for them by First Friend 4) types of other agencies called 5) number of Befriended who had clinic visits with First Friend 6) number of Befriended who had other Visits with First Friend 7) number of Befriended who had no contact with First Friend.

B. Explicit records on the new Befriended include: 1) ages 2) location 3) nationality 4) referral source 5) employment status 6) number with other support person 7) number with no other/other children 8) number of months pregnant at intake for new Befriended 9) number of new Befriended who have had prenatal care at time of intake into program 10) number of months pregnant when new Befriended first had prenatal care 11) number of new Befriended currently receiving WIC, CSFP at intake, and who were referred to social services.

C. Record kept on Births include: 1) number of Befriended who gave birth 2) baby's birthweights 3) number of deliveries attended by First Friend 4) number of Befriended who gave birth this quarter who are breastfeeding 5) gestational age at birth.

D. Postpartum information includes: 1) number of Befriended who kept postpartum visit 2) number of Befriended who started family planning 3) number of Befriended who kept baby's first check-up appointment

4) number of Befriended babies who had immunizations 5) other information.

E. Separations from program information includes: 1) number of Befriended who left the program this quarter 2) reasons for leaving.

F. Administrative Information includes: 1) names of agencies contacted 2) number of women referred to First Friend program 3) number of women contacted by Coordinators 4) reason for not contacting others 5) number of initial interviews set up each month 6) number of initial interviews completed 7) number of contacts with Befriendeds by Project Coordinators 8) number of contacts with First Friends by Project Coordinators 9) time spent each quarter by Project Coordinators on weekly meetings: orientation sessions, rehash/inservice, other 10) average weekly time spent on First Friend Project by: project coordinators, team leaders, First Friends, Administrative volunteer.

Building Blocks First Friend Project Intake Form will delineate: personal information, number of months pregnant at intake, 3) prenatal visit, 4) at what clinic?, 5) date of first prenatal visit, 6) WIC? referred to social services?, 7) breast-feeding?

Infant Mortality/Morbidity Project records pregnancy state at initial contact. Follow-up Form comments on growth, infections, vaccinations received, termination date.

Records for Haitian Perinatal Intervention Program projected to begin August 1 will replicate program of Broward and Collier Counties involving extensive research involving control and experimental groups. Comparison statistics pointing up differences between pre-natal, post-natal behaviors in the two groups will make a significant contribution to knowledge in the field. (See Appendix G) Research design delineating statistics is not included in this proposal.

Data will be supplied related to: 1) number of pregnant girls from Glades Central High School 2) school attendance of girls 3) employment 4) courses taken toward employment 5) knowledge of family planning in addition to First Friends statistics already documented.

FIRST FRIEND QUARTERLY PROGRAM REPORT

For Months ____________________

A. GENERAL INFORMATION

1. Number of Befriended for month of: ________ ________ ________

New: ________ ________ ________

Continuing: ________ ________ ________

Total: ________ ________ ________

2. Number of Befriended called by First Friend: ________ ________ ________

3. Number of Befriended who had agencies called for them by First Friend: ________ ________ ________

4. Types of agencies called:

Health Social Other

5. Number of Befriended who had clinic visits with First Friend: ________ ________ ________

6. Number of Befriended who had other visits with First Friend: ________ ________ ________
Please specify:

7. Number of befriended who had no contact with First Friend: ________ ________ ________

First Friend Program Report (cont)

B. NEW BEFRIENDED

1. Ages of new Befriended: ______14-19, ______20-25, ______26-30, ______31

2. Location of new Befriended: _____VA ______D.C. ______MD.

3. Nationality: ____South American, _____Central American,

   ____North American, _____Caribbean

4. Referral Source for new Befriended: ________________________

   ____

   ____

   ____

5. Employment status of new Befriended: Full Employment ________

   Occ. Day Work ________

   Not Working ________

6. Number of new Befriended with other support person: ________

   Relationship: Partner __________

   Friend __________

   Parent __________

   Other - Specify __________

7. Number of new Befriended with no other children: ___________

   with one other child: ___________

   with two other children: ___________

   More - specify ___________

8. Number of months pregnant at intake for new Befriended: 0-3 months ___________

   4-6 months ___________

   7-9 months ___________

First Friend Program Report (cont)

9. Number of new Befriended who have had prenatal care at time of Intake into program. ____________

10. Number of months pregnant when new Befriended first had prenatal care:
0-3 months ____________
4-6 months ____________
7-9 months ____________

11. Number of new Befriended currently receiving:
WIC ____________
CSFP ____________
Other ____________
Not Applicable ____________

12. Number of new Befriended who did not have WIC or CSFP at Intake, and who were referred to Social Services.

C. BIRTHS

1. Number of Befriended who gave birth this quarter: ____________

2. Baby's birthweights:
_________ 3.5 pounds or less
_________ 3.6 pounds to 5.5 pounds
_________ 5.6 to 9.5 pounds
_________ more than 9.5 pounds

3. Number of deliveries attended by First Friend ____________

4. Number of Befriended who gave birth this quarter who are breastfeeding:
____

First Friend Program Report (Cont)

5. Gestational age at birth: ____________

____

____

D. POSTPARTUM INFORMATION

1. Number of Befriended who kept postpartum visit ________
2. Number of Befriended who started family planning ________
3. Number of Befriended who kept baby's first check-up appointment:

   ____

4. Number of Befriended babies who had immunizations ________
5. Other information about mothers and babies

E. SEPARATIONS FROM PROGRAM

1. Number of Befriended who left program this quarter ________
2. Reasons for leaving:

F. ADMINISTRATIVE INFORMATION

	Personal Visit	Telephone	Mail
1. Outreach work - Names of agencies contacted:			
2. Number of women referred to First Friend program for month of:	________	________	________

First Friend Program Report (Cont)

	Personal Visit	Telephone	Mail
3. Of these referrals, number of women contacted by Project Coordinators:			
4. Reasons for not contacting others:			
5. Number of initial interviews set up for month of:			
6. Number of initial interviews completed:			
7. Number of contacts with Befriendeds by Project Coordinators:			
8. Number of contacts with First Friends by Project Coordinators:			

9. Time spent this quarter by Project Coordinators on weekly meetings: ________

orientation sessions: ________

rehash/inservice: ________

other: ________

10. Average weekly time spent on First Friend project by:

Project Coordinators: ________

Team Leaders: ________

First Friends ________

Administrative Volunteer: ________

11. Other Observations:

BUILDING BLOCKS - FIRST FRIEND PROJECT
INTAKE FORM

FIRST FRIEND: ______________________ DATES: __________

______________________ __________

______________________ __________

DATE: ________________

NAME OF PARTICIPANT: ________________________________

ADDRESS OF PARTICIPANT: __________________ MD.___ D.C.___ VA.___

BIRTHDATE: _________ Home # __________ Work # __________

EMERGENCY CONTACT: ____________________ Telephone __________

NATIONALITY: ____________ Referred by: ______________

EMPLOYMENT: ______________________________________

OTHER SUPPORT PERSONS: _______________Relationship: ________

NUMBERS OF LIVING CHILDREN: ____________

NAME	BIRTHWEIGHT	HEIGHT

# of months pregnant at intake ______

Has she had prenatal visit: ____yes ____No

If yes, at what clinic ______________________

When was her first prenatal visit______month _____day _____year

Is she receiving WIC? ___Yes ___No If no, was she referred to social services? ____Yes ______No

Does she plan on breastfeeding? ____Yes ____No

FOLLOW-UP FORM

COMMENTS ON GROWTH, INFECTIONS, ETC. ________________________

VACCINATIONS RECEIVED:	2 months	OPV	____Yes	____No
		DPT	____Yes	____No
	4 months	OPV	____Yes	____No
		DPT	____Yes	____No
	6 months	OPV	____Yes	____No
		DPT	____Yes	____No

OTHER COMMENTS ON MOTHER AND BABY

Date Terminated with Program ________month ________year

Reasons ________________________

INFANT MORTALITY/MORBIDITY
PROJECT
CONTACT NOTES

____
Name of Befriended

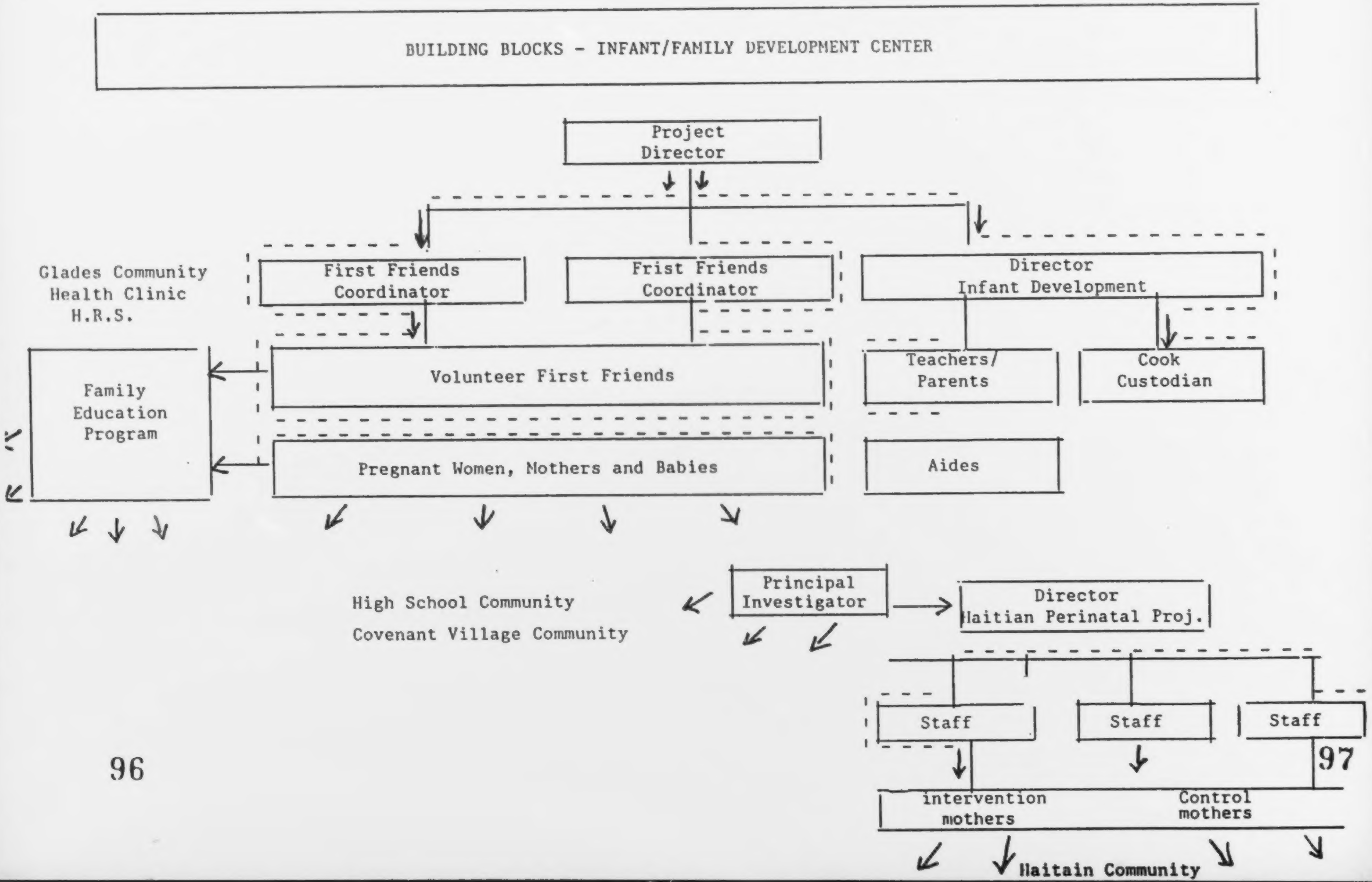
____
First Friend

INITIAL CONTACT DATE: ____________________ METHOD ____________________

PREGNANCY STATE AT INITIAL CONTACT (months) ____________________

DATE	TYPE OF CONTACT	COMMENTS	TIME SPENT

Figure 1
Formal Communication Flow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Aides
High School Community
Covenant Village Community
Principal Investigator
Director Haitian Perinatal Proj.
Staff
Staff
Staff
intervention mothers
Control mothers
Haitain Community

Haitian Perinatal Intervention Program
Experimental Design
Summary

Project purpose

To demonstrate effectiveness of home-based intervention in cognitive, medical (health and hygiene), and nutritional areas among Haitian entrants and their infants.

Project sites

There are two sites in this initiative: Broward County (Pompano and Fort Lauderdale) and Collier County (Immokalee).

Project participants

Broward County:	50 Intervention Mothers
	50 Control Mothers
Collier County:	40 Intervention Mothers
	40 Control Mothers

Recruitment Procedures

Whenever possible pregnant women will be identified during the general canvassing of the Broward and Collier County Haitian Communities. If sufficient numbers of women in early pregnancy (first trimester) are not identified as potential participants through canvassing, clients will be identified through "word-of-mouth," contact with church and community groups, clinics, the health department, and other informal contact. It is important that HPIP personnel approach potential participants and that the clients not be recruited through voluntary response to formal recruitment procedures (e.g. newspaper ads, radio announcements, etc.).

Requirements for Recruitment

1. All women should be identified for Project participation by the end of the first trimester of pregnancy. Intervention must begin no later than the end of the twenty-second week of pregnancy (fifth month);

2. Women selected for intervention will be identified at random from from the total group of all mothers;

3. All women will be Haitian. There are no restrictions with regard to marital status, income, age, number of children, legal status, etc.

Intervention Schedule

1. Mothers will be identified in their fourth or fifth month of pregnancy (16-22 weeks gestation) and bi-weekly prenatal home visits begun;

2. All mothers in both Broward and Collier Counties will be recruited during the months of November and December, 1985, and January, February, and March, 1986;

3. Insofar as possible, no fewer than 8 prenatal home visits will be made during the 19 weeks between recruitment and delivery. Should the mother deliver precipitously or should her EDC be incorrect, no less than five prenatal home visits may be made to be retained in the study;

4. Insofar as possible, the prenatal home visits will be approximately 45 minutes in duration. For most of that time (75 percent or more) the home interventionist is to instruct the mother and/or discuss with her specific issues related to her health and that of her unborn infant. These issues will be carefully delineated in the curriculum developed for each home visit;

5. The mothers will be visited the same day every other week at approximately the same hour. The mothers will be notified prior to each visit when the home visitor will visit, either by telephone call or home visit. Visits are made bi-weekly not semi-monthly, so that some months will require three home visits;

6. The mothers in Broward County will be visited in the hospital as soon as possible following the delivery of their infants. Mothers residing in Immokalee will be visited during the week following their return from the hospital;

7. Bi-weekly postnatal home visiting will begin after the delivery of the infant and will continue until the infant is twelve months of age. Between 13 and 18 months of age home visits will be made every 4 weeks. If possible, 32 home visits will be made prior to the completion of the study when the infant is 18 months of age. However, no less than 20 home visits may be made to any Intervention mother without her and her infant being dropped from the Project;

8. Postnatal home visits will be approximately 45 minutes in duration. Ninety percent of this time is to be spent in instructing the mothers in the cognitive (including language, fine and gross motor, social, and processing tasks) stimulation of their babies and in issues of pediatric health and nutrition. The emphasis of these visits should be on cognitive issues.

Evaluation Schedule

1. Women identified for the study, both intervention and control,

will be requested to complete the canvassing questionnaire at visit following group assignment;

2. After group assignment each woman will be visited in her home and requested to complete the following:

    a. attitude questionnaire
    b. self-esteem scale
    c. infant behavior questionnaire

3. Both Intervention and Control mothers will be visited in their homes as soon as possible after delivery. At this time the following assessments will be completed by the Project personnel:

    a. Infant Behavior Assessment Record
    b. Questionnaire concerning labor, delivery, etc.
    c. Infant Attitude Scale

4. The infants of both Intervention and Control group mothers will be evaluated by the D.E. team on or about the infants' 3, 6, 12, and 18 months anniversaries (see Evaluation Schedule and list of assessments in Proposal);

5. Evaluation (Psychology, Physical Therapy) must be blind to the group assignment of the infants. Medical personnel as well as other members of the team should avoid awareness of the group whenever possible;

6. Results of the evaluations must be kept in confidence by the D.E. team so that the Community Interventionists will not be biased in their ongoing instruction;

7. All evaluation records will be kept in the D.E. Clinic in identified (red) folders until the end of the Project;

8. Evaluations of infants residing in Broward County will take place in the D.E. Clinic on Fridays. The evaluation schedule will be made by the Project Director with the assistance of the Community Interventionists. All appointments will be communicated to the Project mothers and D.E. Program staff by the HPIP staff who will then be responsible for the evaluations and related records;
9. Evaluations of infants residing in Immokalee will take place on a designated day (not Friday), preferably no more than twice each month at a suitable location. Community Interventionists for Collier County will be responsible for scheduling all infants and providing timely reminders to their mothers regarding their appointments.

Reporting

It is important that each and every contact or failure to contact the

the Intervention and/or Control mothers be documented in as much detail as possible.

If a serious social problem arises in the discussions with the Intervention or Control mothers, referral of this mother should be made to Mrs. Terpak, the Clinical Social Worker, through the Project Director.

APPENDIX G

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The Chatlos Foundation, Inc.
Eleven Penn Plaza, Suite 2121
New York,New York 10001

Mr. Richard Beinecke, Trustee
Edwin J. Beinecke Trust
2368 Sunset Point Rd.
Clearwater, Florida 33515

Mr. Arnold O. Beckman, President
The Arnold and Mabel Beckman Foundation
107 Shorecliff Rd.
Corona del Mar, CA 92625

Mr. John Royston Coleman, President
Edna McConnell Clark Foundation
250 Park Ave., Room 900
New York, New York 10017

Mr. Robert Johns Haggerty, President
William T. Grant Foundation
919 Third Ave., 9th Floor
New York, New York 10022-3980

Mr. Hazel O. Williams
Trustee and Exec. Secretary
The Jessie Ball duPont Religious,
Charitable and Educational Fund
872 Edward Ball Bldg.
Jacksonville, Florida 32202

Mr. Chas. Glenn Ihrig
Exec. Director and Secretary-Treasurer
Public Welfare Foundation, Inc.
2600 Virginia Avenue N.W., Suite 505
Washington, District of Columbia 20037

Ms. Lindsley Homrighausen
Administrator for Grants
Surdna Foundation, Inc.
200 Park Ave., Room 1619
New York, New York 10166

Mr. Robert E. Perkins
Executive Director
William G. Selby and Marie Selby Foundation
P. O. Box 267
Sarasota, Florida 33578

Mr. John Billings
Executive Director
The John A. Hartford Foundation, Inc.
405 Lexington Ave.
New York, New York 10174

The Lilly Endowment
2801 North Meridian Street
P. O. Box 88068
Indianapolis, Indiana 46208

Mr. David B. Frye, President
Conn Memorial Foundation
512 Florida Ave.
P. O. Box 229
Tampa, Florida 33601

Mr. Robert Murtagh, Trustee
Booth Ferris Foundation
30 Broad Street
New York, New York 10004

Ms. Charlotte B. Heuser, Chairman
Edyth Bush Charitable Fund
199 E. Welbourne Ave.
P. O. Box 1967
Winter Park, Florida 32790

Mrs. Thomas C. Wasmuth
The Dade Foundation
848 Brickell Ave., Suite 1111
Miami, Florida 33131

Mr. Max Morris, Executive Director
Arthur Vining Davis Foundation
Haskell Building, Suite 250
Oak and Fiske Streets
Jacksonville, FL 32204

Mrs. Irene Walsh, Secretary
Alfred I. duPont Foundation
803 Edward Ball Building
P. O. Box 1380
Jacksonville, Florida 32201

The David Falk Foundation, Inc.
% First National Bank of Florida
P. O. Box 1810
Tampa, Florida 33601

Mr. Louis E. Wolkson
Wolfson Family Foundation, Inc.
P. O. Box 4
Jacksonville, FL 32201

Mr. James Cameron, President
Winn-Dixie Stores Foundation
5050 Edgewood Court
Drawer B, West Bay Station
Jacksonville, FL 32205

Ms. Elizabeth Ryan Zappolo
Palm Beach County Community Foundation
324 Datura Street, Suite 340
West Palm Beach, FL 33401

APPENDIX H

BUDGET

PROJECT BUDGET

Phase 1 Pre-natal Post-natal Intervention

(to be operative September 1, 1986)

On Hand	$ 3,000.00
Haitian Perinatal Intervention Program - Ford Foundation	$ 88,444.00
Overall Project Director - March of Dimes	$ 30,000.00
Pediatric nurse/social worker Menonite Central Committee	$ 16,000.00
TOTAL PHASE 1	$137,444.00

Phase 2 - Infant Development

STAFF SERVICES

Salaries	Program Director	(8 hours)	
	Caregivers (8)	(8 hours)	
	Aides (4)	(8 hours)	
	Cook	(8 hours)	
	Cook's Aide	(8 hours)	
	Total Salaries		$118,410.00
	Benefits		
	Health and Accident Insurance		$ 12,140.00
	Social Security		$ 6,750.00
	Unemployment Insurance		$ 3,236.00
	Staff Development		$ 450.00
			$140,986.00

EQUIPMENT PURCHASE

Furniture	
Office furniture	
Office machines	
Cookware	
Tables, cabinets	
Playground equipment	
	$ 25,000.00

Project Budget (Cont)

INSURANCE AND BONDING

Owner insurance on building and contents	$ 2,500.00
Accident insurance for 50 children	$ 260.00
	$ 2,760.00

SPACE RENTAL OR PURCHASE COSTS

Repairs and preventive maintenance	$ 1,000.00

SUPPLIES

Office supplies	
Program supplies (including supplies for children)	$ 2,500.00
Maintenance supplies (including mops, brooms, toilet tissue, towels, soap, floor wax, cleaning compounds, light bulbs (USDA)	$ 790.00
	$ 3,290.00

COMMUNICATION

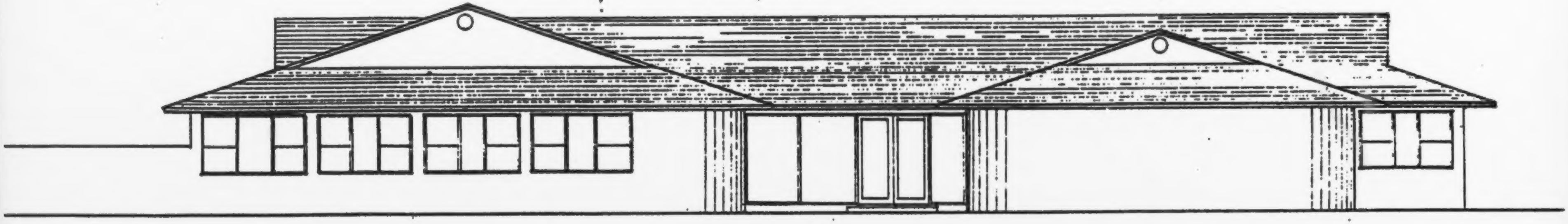
Telephone installation, repair, and charges	$ 1,440.00
Postage	$ 214.00
Publicity in yellow pages and local newspapers	$ 100.00
Printing costs	$ 250.00
	$ 1,994.00
Total Operating Expenses - Phase 2 - Infant Development	$177,530.00

FOOD

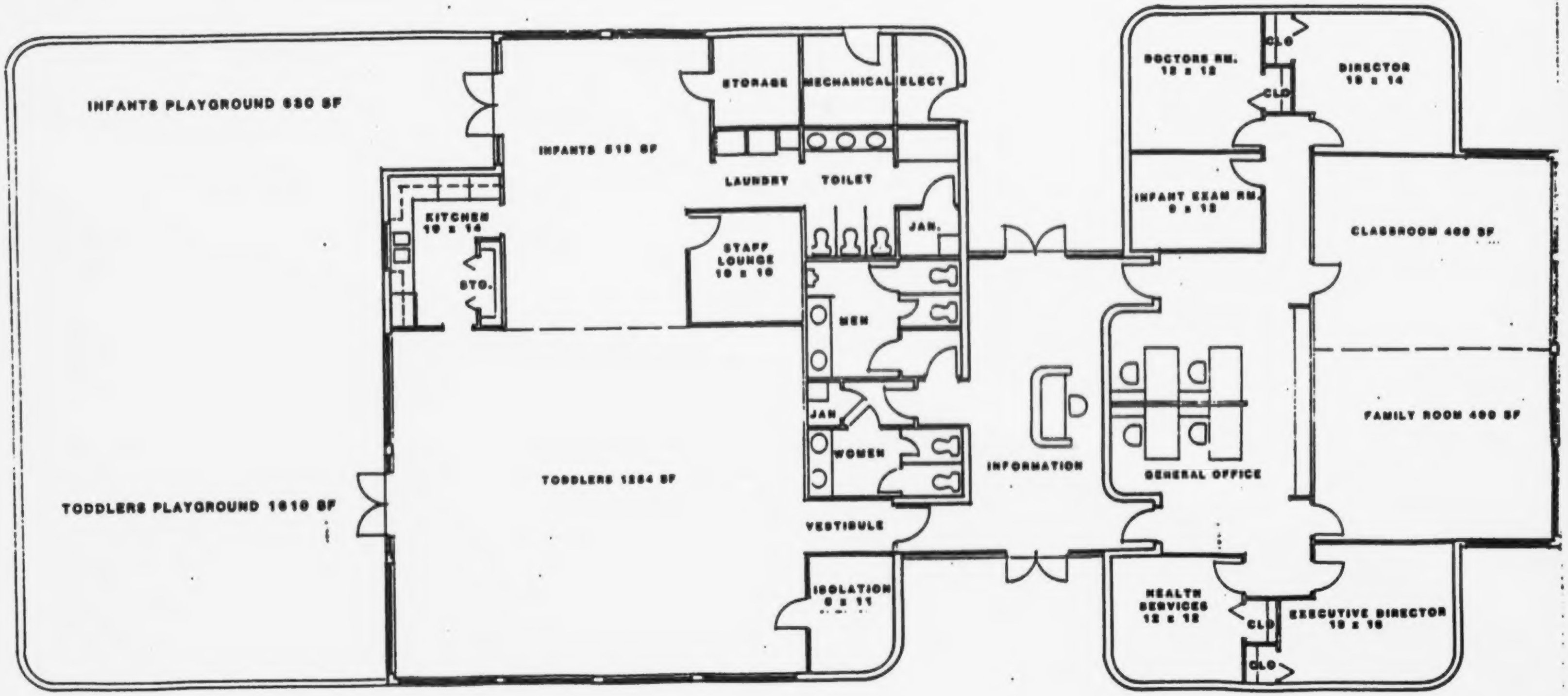
United States Department of Agriculture	
Building	$208,000.00
Additional equipment	$ 25,000.00
TOTAL PHASE 2	$410,530.00
TOTAL PHASE 1	$137,444.00
TOTAL COST OF PHASE 1 AND 2	$547,974.00

APPENDIX I

PLAN FOR FACILITY



FRONT ELEVATION


INFANTS PLAYGROUND 630 SF
INFANTS 513 SF
STORAGE
MECHANICAL
ELECT
LAUNDRY
TOILET
KITCHEN
10 x 14
STO.
STAFF
LOUNGE
10 x 10
JAN.
MEN
JAN
WOMEN
TODDLERS PLAYGROUND 1610 SF
TODDLERS 1264 SF
VESTIBULE
ISOLATION
8 x 11
INFORMATION
DOCTORS RM.
12 x 12
CLO
DIRECTOR
15 x 14
CLO
INFANT EXAM RM.
9 x 12
CLASSROOM 400 SF
GENERAL OFFICE
FAMILY ROOM 400 SF
HEALTH
SERVICES
12 x 12
CLO
EXECUTIVE DIRECTOR
15 x 16
CLO

FLOOR PLAN

U.S. ARCHITECTS, INC.
Architects and Planners

PRELIMINARY PROGRAM

BELLE GLADE INFANT/FAMILY CENTER

The Infant/Family Center will be comprised of three major areas of operation; defined as follows:

A. Infant care and development;
B. Education and counseling;
C. Child health care research; and
D. Facility control area.

A. INFANT CARE AND DEVELOPMENT AREA:

1. General Area - The initial design, Phase 1, would accommodate the care of up to 50 infants and toddlers with an anticipated staff of 12 people. The anticipated child age groups as follows:

Infants	(Newborn to 12 mo.)	- 14
Toddlers	(12 mo. to 18 mo.)	- 18
	(18 mo. to 24 mo.)	- 18
		50

The Area requirements are as follows:

Infant & Toddlers (Interior Space)
50 @ 35 s.f. each = 1,750 s.f.
Infant & Toddlers (Outdoor Space)
50 @ 45 s.f. each = 2,250 s.f.

(NOTE: Approximately one half (1/2) of the outdoor space must be covered or shaded.)

2. Isolation Room - For individual care and observation of ill or disturbed children. Size: 9' x 10' = 90 s.f.

3. Infant Changing Area - Part of general area.

4. Kitchen - For servicing infant and toddler meals daily, plus staff meals. Size: 13' x 12' = 156 s.f.

5. Laundry Room - For washer & dryer and soaking sink. Size: 7' x 8' = 56 s.f.

6. Children's Toilet Room - With three children's toilets and lavatories with tub and janitor closet. Size: 10' x 12' = 120 s.f.

7. Staff Lounge Area - For staff utilization during break periods. Size: 12' x 14' = 168 s.f.

8. Storage Room - For bulk storage of equipment and supplies. Size: 8' x 10' = 80 s.f.

B. EDUCATION & COUNSELING AREA:

This area will accommodate the March of Dimes drop-in program called "First Friends" with an anticipated staff of five people. This area will be comprised of the following spaces:

1. Family Room - A large flexible space for meetings, instruction, social events, lectures, movies and relaxation. Size: 20' x 20' = 400 s.f.

2. Classroom - Large flexible space for classroom instruction and small group discussion. Size: 20' x 20' = 400 s.f.

3. Office/Executive Director - Size: 14' x 16' = 224 s.f.

4. Office/Staff - Two working desk stations. Size: 12 ' x 16' = 192 s.f.

5. Office/Health Services - Size: 12' x 12' = 144 s.f.

6. Storage Room - For forms and supplies. Size: 4' x 6' = 24 s.f.

C. CHILD HEALTH CARE RESEARCH:

This area will accommodate the Ford Foundation Program with an anticipated staff of five (5) people, and will consist of the following spaces:

1. Office/Director - Size: 14' x 16' = 224 s.f.

2. Office/Staff - Two working desk stations. Size: 12' x 16' = 192 s.f.

3. Infant Examination Room - Size: 10' x 10' = 100 s.f.

4. Doctors Consultation Room - Size: 12' x 12' = 144 s.f.

5. Storage Closet - Size: 4' x 6' = 24 s.f.

D. FACILITY CONTROL AREA

1. Entry/Waiting - To accommodate seating for 6 to 8 people. Size: 10' x 12' = 120 s.f.

2. Reception Area - Telephone and reception control station. Size: 6' x 6' = 36 s.f.

3. General Office - For administrative personnel, records, bookkeeping, billing, etc. Should accommodate two (2) work stations. Size: 12' x 16' = 192 s.f.

4. Storage Room - For files, forms, etc. Size: 6' x 8' = 48 s.f.

5. Public Toilets - General toilet facilities for men and women. Size: 10' x 12' each = 240 s.f.

6. Mechanical/Equipment Room - Size: 10' x 15' = 150 s.f.

U.S. ARCHITECTS, INC.
Architects and Planners

SQUARE FOOTAGE REQUIREMENT SUMMARY

FOR

BELLE GLADE INFANT/FAMILY CENTER

A. Infant Care and Development

1.	General Area	1,750 s.f.
2.	Isolation Room	90 s.f.
3.	Infant Changing Area	Inc.
4.	Kitchen	156 s.f.
5.	Laundry Room	56 s.f.
6.	Children's Toilets	120 s.f.
7.	Staff Lounge	168 s.f.
8.	Storage Room	80 s.f.
	Subtotal	2,420 s.f.

B. Education and Counseling Area

1.	Family Room	400 s.f.
2.	Classroom	400 s.f.
3.	Office/Executive Director	224 s.f.
4.	Office/Staff	192 s.f.
5.	Office/Health Services	144 s.f.
6.	Storage Room	24 s.f.
	Subtotal	1,384 s.f.

C. Child Health Care Research

1.	Office/Director	224 s.f.
2.	Office Staff	192 s.f.
3.	Infant Examination Room	100 s.f.
4.	Doctors Consultation Room	144 s.f.
5.	Storage Closet	24 s.f.
	Subtotal	684 s.f.

D. Facility Control

1.	Entry/Waiting	120 s.f.
2.	Reception Area	36 s.f.
3.	General Business Office	192 s.f.
4.	Storage Room	48 s.f.
5.	Public Toilets	240 s.f.
6.	Mechanical/Equipment Room	150 s.f.
	Subtotal	786 s.f.

SUMMARY REQUIREMENT

A.	Infant Care & Development	2,420 s.f.
B.	Education & Counseling Area	1,384 s.f.
C.	Child Care Research	684 s.f.
D.	Facility Control	786 s.f.
	TOTAL ENCLOSED AREA REQUIREMENT	5,274 S.F.

Outdoor Area Requirement (1,125 s.f. Covered or Shaded)	2,250 s.f.
Anticipated Staffing	25 People

APPENDIX J

ASSISTING COMMUNITY TOWARDS SELF-HELP (ACTS)

Efforts sought to improve life in Glades area

By Chuck McGinness

OF THE EVENING TIMES

BELLE GLADE — A Washington consulting firm is looking at ways to better coordinate housing, education, health and human services to better serve Glades residents.

Officials of Evaluation Technologies Inc. met yesterday with educators and service agency representatives to discuss their concerns and how the community can solve those problems.

Joseph Howell, program developer for Evaluation Technologies, said his group does not claim to be the "answer persons" for the area's woes.

"I do think we might be able to assist people here as they develop and move on their own agenda," Howell said.

"I've seen too many cases of people coming in, taking time and misusing communities and people. We don't want that to happen here."

Assisting Communities Toward Self-Help (ACTS), a group of business and government leaders formed last year after a trip to drought-ridden East Africa, hired Evaluation Technologies to conduct the study.

ACTS is working in conjunction with World Vision, a nondenominational Christian relief organization, to provide assistance and funding from private businesses to improve the quality of life for people in East Africa. The group wants to make a similar effort in the Glades.

Most of the discussion centered on problems affecting youth in schools and communities. A major problem for students is the lack of role models, said Eugenia Jones, Pahokee High School principal.

"In this area, you can still get a job without a diploma and make what high school kids consider decent money," Jones said.

"We've really been putting an effort in getting people before our students who've 'been there,' " she said.

Teenage pregnancy and the lack of treatment programs for youngsters with drug and alcohol addictions are other problems the consultants will consider. For youths under 18 whose families don't have insurance or money, there's no place to turn for help with drug problems, Jones said.

Walter Rashley, administrative assistant to County Commissioner Ken Adams, said there is also a need for supervised recreation programs and summer youth employment programs. The Glades does not have a major year-round industry and the community "shuts up" in the summer, Rashley said.

Howell agreed programs to motivate youths to help themselves are essential. Unless people are motivated to help themselves, human service programs are useless, he said.

"We certainly know we have to intervene in a way to break the cycles that are out there. We cannot only help them break it, but they can be a mighty force for other youngsters," Howell said.

"It can't be done in a haphazard way. It has to be carefully structured. Pretty soon you have a powerful thing blooming."

Howell said housing will be the key element in improving living conditions. NOAH Development Corp., which is planning to build more than 200 new apartments in Belle Glade and South Bay, has the same thoughts, said John Brown.

Brown, executive director of NOAH Development, said housing will be reserved for elderly and handicapped. Child-care services, youth activities and other programs will be available in the housing projects, he said.

The area has upper-level educational facilities, such as Palm Beach Junior College-Glades and West Technical Education Center, but they are not being used. Enrollment will increase if "there is something out there besides working in the fields," said Ed Lowery, manager of planning and economic development for Palm Beach County Housing and Community Development.

Howell said his group will make other visits to collect information for its study. And after the study, the officials must find the money to implement the recommendations, he said.

BEST COPY AVAILABLE

ACTS
ASSISTING
COMMUNITIES
TOWARD
SELF-HELP

July 7, 1986

MEMORANDUM

TO:

FROM: Burt Chamberlin

SUBJECT: Description of Activities

I. MISSION STATEMENT

To form people-to-people partnerships organized to understand and resolve human, economic and environmental problems, concentrating on Africa, but applicable to United States when appropriate.

This will require identifying organizations and individuals both in U.S. and Africa (or U.S. Community to be impacted) who have a genuine interest in contributing economic and human resources toward the achievement of the Mission Statement.

II. STRUCTURE (How Partnerships Work)

A. Through Private Enterprise Initiative (hopefully, the President will announce this during the month of May)

B. Through existing PVOs, the primary PVO now is World Vision, but also other PVOs, e.g.—ADRA—Seventh Day Adventist Development and Rehabilitation Agency.

C. Through government invitations, e.g. Doug Coe having introduced us to Ambassador Nur of Somalia, we received an invitation from President Barre to come to Somalia: we took a group in January 1985.

D. Through ACTS, Assisting Communities Toward Self-Help, a foundation that has been organized to allow business people and corporations to provide assistance to both African and domestic projects.

465 Boulevard, S.E., Suite 218 / Atlanta, Georgia 30312
Phone: (404) 622-1115 / Telex: 315285 CIS ATL

It will be a servant foundation, a vehicle to serve others, and a conduit for the business community to provide assistance in the following ways:

- Funds
- Resources, e.g., equipment, pharmaceuticals
- Manpower
- Technical assistance

III. PROJECTS

A. Rift Valley Project: Kenya

1. To assist in developing several bore holes, pumps and wells with the Masai tribes of the Rift Valley in Kenya, in partnership with World Vision, the administering PVO of the project. Each bore hole would provide water for 3,000-5,000 people and their livestock. The number of bore holes, etc. would depend on the dollars raised through fundraising.

   Individuals who have travelled with ACTS to the Rift Valley, would also participate in the actual development of the water projects, returning periodically to evaluate the impact and working with the Masai and World Vision in areas related to the development of the bore holes, e.g. agriculture, education.

2. The West Palm Beach group that traveled to the Rift Valley will commit funds and other resources for the private projects. These funds would be sent to World Vision, for the Rift Valley Project.

B. Northern Tanzania, Medical Clinic Project

1. To assist in building a medical clinic in the Arusha or Mt. Kilimanjaro district(s) of Northern Tanzania, in partnership with ADRA (Adventist Development and Rehabilitation Agency) through its Tanzania Director of Development Bob Robinson. The clinic would serve 5,000-7,000 Masai people.

   The project would include:

   - Raising funds, e.g. $75,000

- Identifying teams of contractors, carpenters, etc. to assist in building the clinic including housing for staff.
- Providing a team of doctors who are a part of ACTS working with the clinic staff on a periodic basis to provide training.
- Providing needed pharmaceutical and medical equipment on an on-going basis.

2. The Tampa and New York group that traveled to Northern Tanzania would commit funds, resources—construction, pharmaceuticals etc., for the medical clinic. ACTS would collect the funds and resources and send to ADRA.

C. Ansokio Valley, Ethiopia, Agri/Aquaculture Project

1. To facilitate the creation of a self-sufficiency in food production for local peasant farmers and their families by developing integrated fish farms and adjacent agriculture production. To enlist the aid and resources of companies, foundations and individuals in a partnership that will provide food sufficiency in perpetuity for a half million people.

2. The project will be headed by Dr. John McMillan, at the invitation of His Excellency Tecola Degere, Minister of Agriculture, Ethiopia and at the request of and in cooperation with the Peasant Valley Association (the farmers).

3. Major project, need to raise $2 million more dollars.

D. Somalia

1. To assist in developing and structuring joint venture projects, specifically in fisheries, comprising of trawler fishing, coastal processing installations, and joint international marketing. Phase I of this project will be to implement a comprehensive feasibility study to augment the conclusions of the Somal Bari Fisheries of Somali Democratic Republic.

   We are working with the Somali Chamber of Commerce, the Somali Ambassador to the United States, and the Minister of Fisheries.

2. To consider other projects e.g.:

   (a) Hotel management assistance through the Minister of Tourism.

   (b) Low cost housing in participation with Municipality of Mogadishu and the National Insurance Company.

   (c) To explore donor projects through the Mogadishu Somali Council for Assisting Communities Toward Self-help, Patron President Barre, which was created after our trip.

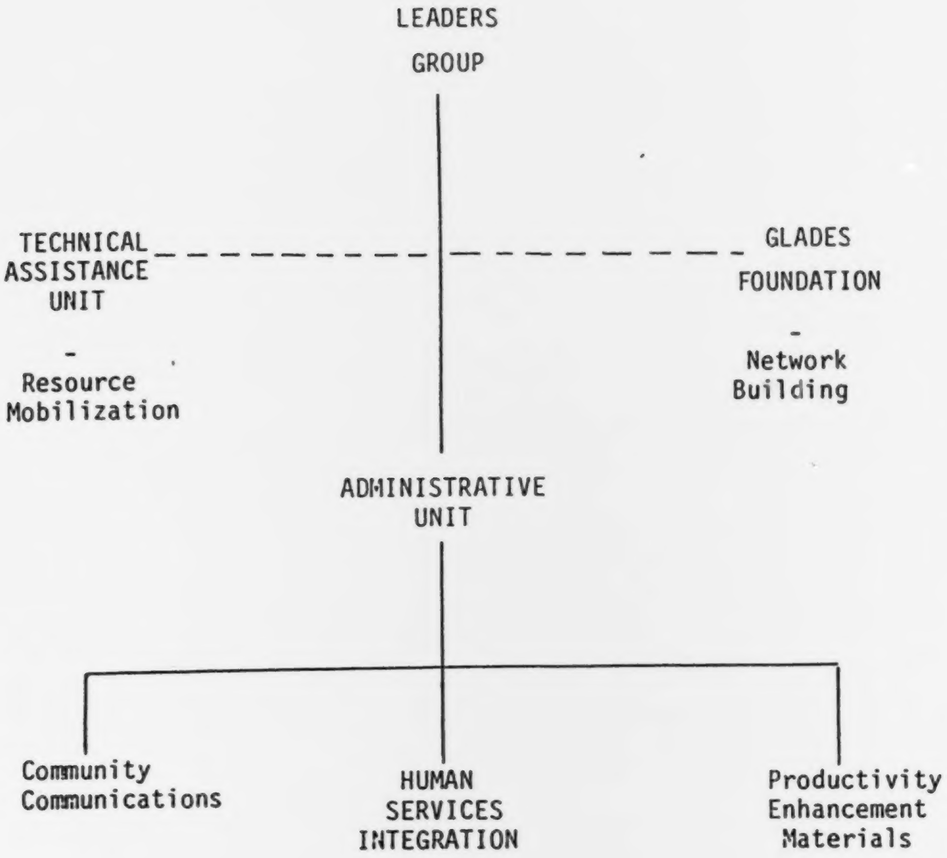
E. The Glades (Belle Glade, Pahokee, and South Bay Florida)

1. To assist in providing a feasibility study to determine health, education, job training, employment and recreating needs of the Glades. The Glades area is a farming community in the county of West Palm Beach, which has a large migrant community, a large settlement of Haitians. It also has a large AIDS population. The County Commission has earmarked Belle Glade for a housing development project; ACTS will provide a study to determine the ancillary needs.

   This project resulted from our trip to East Africa. The Chairman of the County Commission, Ken Adams, traveled with the group, and shared his concern for the Glades. The result was a commitment by the Board of ACTS to assist with the Glades project.

   Phase I of the ACTS commitment was to identify an individual who could do the feasibility pro bono, and determine the needs, and to recommend to the Board priority of needs and how to best provide contributions.

2. This is a multi-year project, and we will continue to support and work with it throughout the process. More information available. Suffice it to say, by taking folks to Africa they receive spiritual eyes to see needs, there and back home.



- * Education
    - Family Dev. Center
    - Community Center
- * Housing
- * Economic Development
- * Employment
- * Health/Welfare

Friday, August 8
West Palm Beach
Glades Power Project

Meeting: Betsy Farrar

Participants: Joe Howell
Scott Carpenter

Subject: Possible Agenda Items

1. Report on Ford Foundation Meeting
2. Listing of Board Members
3. Description of New Glades Power Project Structure
4. Education Committee of Leaders Roundtable
5. Connection between Family Development Center and Roundtable
6. Preparation of Document for Funding
7. Connection with Noah
8. Listing of Personal Network in the Glades
9. Discussion of Foundation
10. Funding from County
11. Hands Across America
12. Power Center Concept
13. Possible Relationship with Leaders Roundtable
14. External Roundtable Resource Group
15. Other
    Grace Foundation
    Mott Foundation
    Lilly Foundation
    ACTS

APPENDIX K

CORRESPONDANCE

March of Dimes
Birth Defects Foundation
Palm Beach/Martin Chapter
2831 Exchange Court
West Palm Beach Florida 33409
Telephone 305 684 0102

Kathleen Clemens
Executive Director

April 9, 1986

Elizabeth Farrar
12730 Pineacre Court
West Palm Beach, Fl. 33414

Dear Betsy:

Thank you for your letter of April 2, 1986. I welcome the opportunity to become involved with your Infant Care Center and hope it will lead to open lines of communication between our two communities.

At our last Healthy Mother/Healthy Baby Coalition meeting the directors voted to invite a member of your committee to serve on the board. It is their sincere desire to provide all areas of the county with coalition services. We feel that it is important to have Belle Glade represented on the Board in order to keep abreast of the neds essential to the sucess of your "Building Blocks" porject.

The meetings are held monthy in the a.m. usually the first Monday of the month. Therefore it is imperative that your representative be available to attend at that time. Please forward the name of the person you elect and I will be glad to send them a letter of welcome and further information concerning meeting dates, etc.

I have enclosed further data on the Healthy Mother/Healthy Baby Coalition. If you have any questions please don't hesitate to contact me at any time. My home phone # is 622-5488.

Sincerely,

Kitty

Kathleen Clemens
Executive Director

enclosure: 1

cc: Marsha Fishbaine

KMC/pc

March of Dimes
Birth Defects Foundation
Palm Beach/Martin Chapter
2831 Exchange Court
West Palm Beach Florida 33409
Telephone 305 684 0102

Kathleen Clemens
Executive Director

MEMO

TO: BETSY FARRAR

FROM: KITTY CLEMENS

RE: JOB DESCRIPTION FOR CLINIC DIRECTOR

DATE: JUNE 2, 1986

This is the job description from the Healthy Mother/Healthy Baby Coalition, you should be able to get some ideas from it.

I was thrilled about the decision we made at the meeting last week. I hope that your committee is just as happy with the progress being made. There is a good chance that we are developing a unique community project that will greatly enhance the care of children in Belle Glade.

I reported to Mr. Dillon on the progress of the project and he expressed his delight at the commitment from Barnett Bank. If you have any news concerning the follow up funding, please let me know.

I think we should meet weekly until the grant is written and submitted to the March of Dimes National Office. Perhaps we can sit together in Wellington after you return from work.

Mary and I will be glad to help you and your committee with anything you need. Please keep in touch and let me know how things are going with Noah, Inc. My home phone number is 622-5488; call anytime.

March of Dimes
Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains NY 10605
Telephone 914 428 7100

September 25, 1986

Elizabeth B. Farrar, Ed.D.
Building Blocks, An Infant/Family
 Development Center
N. S. 6th Street
Belle Glade, FL 33430

Dear Dr. Farrar: Re: CHE-NEW

On behalf of our Board of Trustees, I am pleased to inform you that the March of Dimes Birth Defects Foundation has approved your Community Services grant application dated June 25, 1986 for a one-year period, July 1, 1986 through June 30, 1987. The purpose of this grant conducted by Neighbors Organized Adequate Housing, Inc. will be to provide funds in the amount of $30,000 for a program to prevent pregnancy abnormalities, decrease incidence of low birthweight infants and promote post-natal health at Building Blocks, An Infant/Family Development Center, Inc. All further communications regarding program content of this grant should be directed to Dr. Mary Hughes, Vice President for Community Services. Questions concerning budget and other administrative details should be directed to Regina M. Carroll, Director of Grants Administration.

The Letter of Agreement for this grant will be forwarded to your institution by a representative of the March of Dimes for execution by you and an authorized officer. Soon thereafter, the first payment, 60 percent of the grant, will be forwarded to your institution. You will receive the second payment, 40 percent, prior to January 1, 1987.

A copy of our POLICIES AND PROCEDURES GOVERNING EDUCATION GRANTS is enclosed. Your attention is directed especially to the regulations concerning the submission to us of accounting reports and reports of progress under this grant. Any deviation from the approved budget must have the prior written approval of the March of Dimes.

Sincerely yours,

Charles L. Massey
President

Enclosure

cc: Mary Hughes, Ph.D., Vice President
Community Services
Regina M. Carroll, Director
Grants Administration

Sister Patricia Downs, President
Douglas Graber, Grants and Contract Officer

Frank P. Lynch, Assistant Vice President for Major Markets
J. O. McGough, Field Representative
Jane Massey, Regional Program Coordinator
Betty Lou Randolph, Market Area Director
South Florida Chapter - MOD
Dr. Charles R. Bauer, HPAC Chairman
South Florida Chapter - MOD
Susan R. Kleinberg, Chapter Chairman
South Florida Chapter - MOD

Board of County Commissioners
Karen T. Marcus, Chair
Jerry L. Owens, Vice Chairman
Ken Spillias
Dorothy Wilken
Kenneth M. Adams

PALM BEACH COUNTY

County Administrator
John C. Sansbury

Housing and
Community Development

July 24, 1986

Ms. Elizabeth B. Farrar
Neighbors Organized for Adequate
  Housing (NOAH, Inc.)
Post Office Box 13
Belle Glade, Florida 33430

Dear Ms. Farrar:

We appreciate the time and effort you devoted in preparing your Community Development Block Grant (CDBG) funding proposal. Although your submitted project was found to be an eligible activity under current CDBG Regulations, it appears that Housing and Community Development (HCD) will not be able to fund your proposed project in the forthcoming 1986-87 fiscal year. However, HCD strongly supports the need for the project and will consider funding at a later date. We suggest pursuing every possible funding source; particularly the major foundations such as the Ford, Rockefeller and McArthur Foundations.

HCD received thirty-seven (37) funding proposals totaling over $12 million in requested assistance. While we have not received official word from HUD, I understand that our 1986-87 fiscal year allocation will reflect at least a 14% cutback in funding. Therefore, HCD is limited in the number of projects it can fund next year.

If we can be of further assistance, please do not hesitate to contact this office. Thank you.

Sincerely,

Allan M. Schnier, Director
Housing and Community Development

AMS/GI/nlt

Ref: P-385

USA for AFRICA™
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United Support of Artists for Africa

August 6, 1986

Dear Friend:

BOARD OF DIRECTORS
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Vice President
Jay Cooper
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Frank Ferrari
John Gilligan
Anne Holloway
Willard Johnson
Morley S. Nkosi
Randall Robinson
Levi Watkins, M.D.

MEDICAL TASK FORCE
Irwin Redlener, M.D., Chair
Larry Brown, Phd.
Nicholas Cunningham, M.D.
David Fraser, M.D.
Rose D. Gibbs, M.D.
Robert J. Haggerty, M.D.
Jennifer Leaning, M.D.
George I. Lythcott, M.D.
Marshall McBean, M.D.
Russell E. Morgan, Jr., D.P.H.
Alfred K. Neumann, M.D.
Victor Sidel, M.D.

We have received your proposal and appreciate your interest in the domestic grants program of USA for Africa. Unfortunately, it will not be possible for us to evaluate your organization's proposal, as our funding guidelines are not yet complete.

Guidelines and application forms are now being developed for use in distributing the funds raised through the May 25 "Hands Across America" project. We will be engaged in this process through the middle of August, and expect to have the guidelines and application forms available for distribution to interested nonprofit groups in late August.

We have added your name to our mailing list and will send the guidelines and application form to you as soon as they are available. After reviewing our guidelines and application form you may wish to submit a new proposal. It will not be possible for us to evaluate any proposals that have not been submitted on this application form.

Your interest is appreciated.

Sincerely,

Dianne Wright
Dianne Wright
Program Officer - U.S.

NOAH
Neighbors Organized for Adequate Housing, Inc.
P.O. BOX 13, BELLE GLADE, FLORIDA 33430 ★ (305) 996-0131

October 10,1986

Ms. Marge Koblinsky
Program Officer
The Ford Foundation
320 East 43 Street
New York, New York 10017

Dear Ms. Koblinsky:

Thank you for your letter of September 18, regarding our proposal for a Haitian Perinatal Intervention Project in Belle Glade.

I would like to share with you our concern regarding your comments of what we should do and what is needed in the Belle Glade community.
The members of the Board of NOAH have worked/lived among many disadvantaged groups, including the Haitians. We have visited hundreds of Haitian families in their homes. We know their children, their leaders, their problems, their hopes, and their greatest needs. NOAH began three years ago to address the severe shortage of adequate and affordable housing in the community as well as to find/create services to help the family unit.

I, Betsy Farrar a founder of NOAH and a Committee formed to seek creative ways to address the needs of the family unit approached Dr. Susan Widmayer in Fort Lauderdale after learning of her program for Haitian women and their infants and requested her assistance in developing the same program for Belle Glade. We made this request because we are convinced that the Child Survival-Fair Start Program would be extremely beneficial to our people. We initiated the support for this Program from members of the Public Health Department, the Mennonite Central Committee, the March of Dimes and others prior to submitting it to the Ford Foundation.

Appreciating your concern about access to prenatal care and possible difficulties in finding some Haitian women at home during the day during harvesting season, we have worked for many years with the Haitian women and know that neither of these issues are true obstacles. This project will enable us both to demonstrate and effect changes in the social service systems of Palm Beach County, particulary those related to health care. Those women who find temporary jobs in the fields will be visited in the late afternoon or on Saturday during the winter months. We understand this is done in Fort Lauderdale and Immokalee, in the Child Survival-Fair Start Projects there.

State law does not permit separation of Haitians from other Black persons so we are unable to comply with your request to differentiate between the prematurity rates of our proposed clients or the specific factors which result in this condition. However, poor nutrition, inadequate health care, density, high noise levels, and extreme stress have all been identified as precursors to prematurity and other perinatal complications. All of these exist among the Haitian women of Belle Glade. Our work may identify other problems as well, but we can only assume that Haitians are no different from other disadvantaged people who have non-optional birth outcomes.

Lynette Driedger believes, as we do, that the Haitian Perinatal Intervention Project is essential to the well-being of the Haitian people in Belle Glade. Ms. Driedger, with the support of the Mennonite Central Committee continues to be available to direct this project, however, she is not able to wait indefinitely for it to begin. We hope that you and other representatives of the Ford Foundation will recognize the seriousness of the need of Haitian people in our Community. We have a commitment to the proposed Project rather than to programs we consider to be less critical to our community. We must enable Haitian people the experience of proper health opportunities which we know are addressed in the proposed Proposal. We need action now not studies. Thank you for your interest in our efforts and thoughtful consideration of our Proposal.

Sincerely yours,

Elizabeth B. Farrar

Mrs. Elizabeth Farrar

Sister Pat Downs

Sr. Pat Downs
Director, Haitian Catholic Center
NOAH, President

Larry Schwandes

Larry Schwandes
Secretary/Treasurer
NOAH

Cora Mae Jones

Cora M. Jones
Member of the Board
NOAH

Broward General Medical Center

1600 South Andrews Avenue
Fort Lauderdale, Florida 33316
305/463-3131/Ext. 1930

May 8, 1986

Mrs. Mary Faguir, Program Director
March of Dimes
Palm Beach County Chapter
2831 Exchange Court
West Palm Beach, Florida 33409

COPY

Dear Mrs. Faguir:

Please forgive my very long delay in writing to you concerning Programs to assist the infants and children of Belle Glade. I have been running around more than usual since we spoke but have been thinking of ways in which we may all be able to work together to help the mothers and children in western Palm Beach County.

I have spoken to the technical advisors of the Ford Foundation Program here about expansion to Belle Glade. They are enthusiastic and feel that Ford will be very interested in assisting the community action workers in the area, particularly those working with Haitian and Mexican migrants.

If possible I would like to meet with you, Mrs. Betsy Farrar, Ms. Lynette Driedger, and one or two additional people she recommends as Ford wants a detailed proposal concerning the Belle Glade Project. At that time perhaps we could also discuss, in more detail, how we can provide those research elements to Betsy's March of Dimes Proposal so that it will be more acceptable to National. Would you be available on Monday, May 26th? This is Memorial Day so that Betsy and Lynette may be off work and more available to meet with us. The holiday may be a problem for you, however. If there is another day you would prefer, please let me know. We could also wait until Betsy completes this semester in her school.

Looking forward to meeting you soon. My telephone number is (305) 463-3131 extension 1814.

With Best wishes.

Sincerely yours,

Susan

Susan M. Widmayer, Ph.D.,Director
Regional Perinatal Intensive Care Center
Developmental Evaluation Program

SMW/nr
cc: Mrs. Betsy Farrar
Ms. Lynette Driedger

A Facility of
North Broward
Hospital District

Broward General Medical Center

1600 South Andrews Avenue
Fort Lauderdale, Florida 33316
305/463-3131/Ext. 1930

May 9, 1986

Mrs. Elizabeth B. Farrar
12730 Pineacre Court
West Palm Beach, Florida 33414

Dear Betsy,

Enclosed is a letter to Mary Faguir of the March of Dimes. I don't know if you're free on the 26th, but I have a really busy month in June and would like to get as much done as possible in May so that we can write a final proposal to Ford...and the March of Dimes... in July.

I can come up there or we can meet anywhere else which would be convenient for you, Lynette and Mary.

Talk with you soon.

Sincerely yours,

Susan

Susan M. Widmayer, Ph.D., Director
Regional Perinatal Intensive Care Center
Developmental Evaluation Program

SMW/nr
cc: Ms. Lynette Driedger

A Facility of
North Broward
Hospital District

Broward General Medical Center

1600 South Andrews Avenue
Fort Lauderdale, Florida 33316
305/463-3131/Ext. 1930

June 9, 1986

Mrs. Elizabeth Farrar
12730 Pine Acre Court
West Palm Beach, Florida 33414

Dear Mrs. Farrar:

On Thursday of last week I received a telephone call from Dr. Robert Halpern of the High Scope Research Foundation, technical advisor to the Ford Foundation, requesting that I pursue in earnest the development of a proposal for a "Haitian Perinatal Intervention Project" to be located in Belle Glade, Florida. Dr. Halpern indicated that this project should be based on the program which presently exists in Fort Lauderdale (Broward) and in Immokalee (Collier) and should provide prenatal assistance to pregnant women and cognitive stimulation to their infants after delivery for a period of 12 to 18 months. It was my impression that initiation of this program was of substantial interest to the representatives of the Ford Foundation under their "Child Survival-Fair Start" initiative and that we should move ahead as quickly as possible in developing a proposal so that a site visit might be made by Ford and High Scope representatives in Belle Glade during the summer.

It was of additional interest and importance to Dr. Halpern that Palm Beach County was considering funding of an Infant Development Center in Belle Glade and that the March of Dimes was interested in supporting its director. I indicated to Dr. Halpern that you and others working for the establishment of this center had suggested that there may be sufficient space to house the Ford program once it was completed.

I am now working on the proposal itself and will contact you when the draft is completed.

Sincerely yours,

Susan M. Widmayer

Susan M. Widmayer, Ph.D., Director
Developmental Evaluation Program
Regional Perinatal Intensive Care Center

sbs

A Facility of
North Broward Hospital District

Broward General Medical Center

1600 South Andrews Avenue
Fort Lauderdale, Florida 33316
305/463-3131/Ext. 1930

July 18, 1986

Dr. Oscar Harkavy
Chief Program Officer
The Ford Foundation
320 East 43 Street
New York City, New York 10017

Dear Dr. Harkavy:

Enclosed is a proposal for establishment of a Haitian Perinatal Intervention Program in Belle Glade, Florida. I am submitting this proposal for your consideration on behalf of Neighbors Organized for Adequate Housing, Inc. (NOAH), a private, non-profit community organization in Belle Glade which advocates for the poor of that community. Representatives of NOAH, particularly Mrs. Betsy Farrar, Ms. Lynette Driedger, and Sr. Pat Downs, have been involved in the development of this proposal since its inception several months ago.

Any consideration which you may be able to give this proposal will be greatly appreciated. If you have time to come down I would be very happy to introduce you to everyone and to show you Belle Glade. Lynette Driedger, a Mennonite missionary and the proposed Project Director, is hoping to visit her family in Canada from August 7 through the end of September so if you come then you may have to miss her but everyone else should be available, I believe.

Please let me know if I can provide any additional information or if you have concerns or questions.

Thank you, again, for your assistance.

Sincerely yours,

Susan M. Widmayer

Susan M. Widmayer, Ph.D., Director
Developmental Evaluation Program
Regional Perinatal Intensive Care Center

sbs
Enclosure

A Facility of
North Broward
Hospital District

THE FORD FOUNDATION
320 EAST 43RD STREET
NEW YORK, NEW YORK 10017

PROGRAM DIVISION
URBAN POVERTY PROGRAM

March 12, 1986

Ms. Elizabeth B. Farrar
12730 Pineacre Court
West Palm Beach, Florida 33414

Dear Ms. Farrar:

May I respond to your letter of January 29th on behalf of Mr. Thomas. My colleagues and I are aware of the enormous problems facing the inhabitants of Belle Glade and applaud the effort that you describe to improve birth outcomes and child nurture in this community. At present the Foundation's budget for our Child Survival/Fair Start for Children grants is fully committed. But as we plan for future programs we shall surely consider whether we can help fund an initiative such as you describe. I should point out, however, that we would in any case be unable to consider construction funds. I do hope you can begin the effort by raising construction funds from local sources.

With all good wishes,

Sincerely,

Oscar Harkavy

Oscar Harkavy
Chief Program Officer

MERSHON, SAWYER, JOHNSTON, DUNWODY & COLE
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS
SOUTHEAST FINANCIAL CENTER • SUITE 4500
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131-2387

(305) 358-5100
CABLE MERCOLE TELEX 515705
TELECOPIER 358-8918

NAPLES OFFICE
600 FIFTH AVENUE SOUTH
NAPLES, FLORIDA 33940
TELEPHONE (813) 262-7302

August 15, 1986

Ms. Elizabeth Farrar
Noah, Inc.
12730 Pine Acre Court
West Palm Beach, FL 33414

Re: U. S. Sugar Corporation Charitable Trust

Dear Ms. Farrar:

Your request to United States Sugar Corporation Charitable Trust has been referred to me for reply, since I am one of the Trustees of the Trust.

Under the document creating the Charitable Trust and the guidelines established by the Trustees, grants are primarily made to private colleges and universities in the South Florida Area and to charities serving the area in which United States Sugar Corporation conducts its activities, namely, around the Southern shore of Lake Okeechobee.

Very truly yours,

United States Sugar Corporation
Charitable Trust

By: ______________________
Atwood Dunwody, Co-Trustee

AD/db

NOAH Development Corporation
141 South Main Street, Suite 251
P.O. Box 13, Belle Glade, Florida 33430
(305) 996-2300

Carl House
President

Directors
William E. Finley
Chairman
Sister Pat Downs
Carl House
Juanita Malone
Sheppard Root
Allan Schnier

John Brown
Staff Director

August 22, 1986

Mr. John Frisk
Housing Assistance Council
1025 Vermont Avenue, N.W.
Suite 606
Washington, D.C.

Dear John:

This letter provides a general update on what we are doing and asks if you would consider a $30,000 loan secured by first mortgage on a duplex worth $70,000 for a period of time which we anticipate to be less than one year. This is discussed further below.

Our two housing projects (144 units in Belle Glade and 64 units in South Bay) are proceeding in pre-development. The projects are out to bid and we should have bids in on September 5. Appraisals will be done by then. We have arranged all but $1.9 million of our $7.6 million financing need. Raising this last $1.9 million is taking longer than we expected, but our loan package is a very good offering and we should succeed in completing it. The first four pages attached describe the loan package.

We hope to start construction around October 1 and hope to have all the units completed by June 30, 1987. A site plan of our Belle Glade project is attached and you will note a facility in it called an Infant Care Center. This is an important part of our housing project since we feel the proper care of young children is important in making housing work. As we have developed our concept for this facility, we now call it an Infant/Family Development Center. It will provide services related to nutrition, infant stimulation, and other aspects of child care and training to promote better child care. We have completed preliminary design work for the center and have several possible sources of funding. The March of Dimes has committed to funding a Director, and we are advertising to hire one at this time. The Ford Foundation has visited us in Belle Glade and is considering funding a major program aimed at Haitian children. We are approaching two local foundations for funding the construction of the building itself, and the Department of Housing and Community Development in Palm Beach County has indicated that it will provide funding for construction if we are unable to get it from the foundations. The building will be 5,400 square feet and will cost approximately $240,000. Design work should cost an estimated $30,000 and we would like to begin work immediately in order to qualify for funding of operations starting March 1.

In order to borrow the $30,000 for developing working drawings, we would like to offer a duplex worth approximately $70,000 as collateral. We would insist that design work be included in project cost and thus funded from our eventual sources, and thus we would repay you within 6 months, probably sooner. The developer and owner of the Infant/Family Development Center will be NOAH, Inc. NOAH, Inc. is also the owner of the duplex that would be offered as collateral on the design loan.

The next item of consequence is that our work in NOAH together with pressures from federal cutbacks has resulted in some major new thinking about housing in Palm Beach County.' The County Commission appointed a Housing Task Force to determine what action should be taken to assure the availability of adequate and affordable housing in Palm Beach County. Bill Finley, the Chairman of the Board of NOAH Development Corporation was appointed Chairman of the Palm Beach County Housing Task Force, and Carl House, President of NDC was appointed Vice-Chairman. That task force submitted its report to Palm Beach County on June 19th, and many of its recommendations are now being implemented.

A new organization has been created called The Housing Partnership of Palm Beach County. Its purpose is to implement some of the strategies outlined in the Housing Task Force report. Bill Finley, Chairman of NDC, is the "Managing Partner" of the Housing Partnership. At the present time, two parcels of land are being transferred from County ownership to the Housing Partnership to enable its first two projects to enter into pre-development planning. A few pages describing The Housing Partnership are attached.

Most of this letter is meant simply to be informative. The single specific request of you is to advise us as to whether or not we can make submission to you for purposes of borrowing approximately $30,000 to develop construction documents for our Infant/Family Development Center, we propose that this loan would be secured by a first mortgage on a duplex and payable in less than one year, possibly in 3 or 4 months. We understand that your next loan committee meeting is on September 25, and will act quickly to put this package together if you think it would have a chance with your loan committee (and provided that the NOAH, Inc. Board of Directors agrees with Sister Pat and Betsy Farrar and I that this is the right thing to do).

Best regards,

Carl House

Carl House

STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS

2571 EXECUTIVE CENTER CIRCLE, EAST • TALLAHASSEE, FLORIDA 32301

BOB GRAHAM
Governor

TOM LEWIS, JR.
Secretary

May 17, 1986

Honorable Ken Adams
Palm Beach County Commissioner
301 North Olive Avenue
West Palm Beach, Florida 33401

Dear Commissioner Adams:

I have recently been made aware of your efforts to promote affordable housing for low and moderate income residents in Palm Beach County.

I would like to commend you and the county for your efforts in spearheading this innovative approach to financing. Your creative partnership of public and private sector involvement can serve as a model for other communities to follow in addressing Florida's affordable housing crisis.

If we may be of assistance to you, please feel free to contact Mr. Doug Lees, Planning Manager, Housing Research and Planning, (904) 488-1536.

Sincerely,

Tom

Tom Lewis, Jr., AIA, Architect
Secretary

TL/gs

EMERGENCY MANAGEMENT • HOUSING AND COMMUNITY DEVELOPMENT • RESOURCE PLANNING AND MANAGEMENT

APPENDIX L

NEWSPAPER CLIPS

Ann Macari

Lori Scanlan

Schools

eachers cross ocean o exchange duties

Art teachers Bill Walter and Graham White have traded hools, homes and countries for a year.

Walter, 39, has gone to Newland High School in Hull, gland. White, 37, has come to Palm Beach Gardens High. For e next year, they will teach each other's classes.

"I expect it's going to be totally different," Walter said fore he left earlier this month.

For starters, Newland High is an all-girls' school of 800. lm Beach Gardens High is a coed school of 2,200.

"I'm looking for ways to get children motivated ... seeing w faculty works firsthand," said White, who arrived in West lm Beach two weeks ago.

White and Walter are part of the Fulbright Teacher change program that arranges yearlong exchanges between achers around the world. Walter, an 18-year teacher, is Palm ach County's only recipient.

They will be telling you about their experiences roughout the year. Their first columns will be published Sept. 1.

They already have a few impressions about their new hools.

"I think it's going to be a little more report-writing and ading," said White, who has taught for 14 years.

And here, he will be teaching every class every day instead certain classes on certain days. School starts two hours rlier. The lunch break is 35 minutes shorter.

"Everybody works for a test" in England, Walter said. ou just prepare the skill you're going to be needing for that."

Classes are 35 minutes long instead of 55 minutes. Each y has eight periods instead of six.

No doubt, the changes will be exciting, challenging and a tle frightening, the teachers said.

"I just want to see how other people do it, recharge my tteries," White said.

t. Andrew's scholarships

St. Andrew's School in Boca Raton can boast it has mething no other school in Florida has: membership in A tter Chance Inc.

A Better Chance, also known as ABC, is a national, nprofit organization that recruits and places minority udents at outstanding college preparatory schools. Being a rt of the program means St. Andrew's will provide holarships to students recruited in South Florida.

"We're very proud to have been chosen for membership in e organization," said Tami Jones-Pleasanton, admissions rector at St. Andrew's.

The Boston-based ABC — with 163 member schools across e country — was founded in 1963 by a group of ivate-school headmasters. They wanted to increase minority rollments on their campuses. To date, they have placed more an 6,000 high school-age minority students at top college reparatory schools.

"More than 90 percent of these students go on to colleges d universities throughout the United States — many with ademic scholarships," said Michael Reed, ABC's director of

Center aims care at Glades mothers living in poverty

By ELLYN FERGUSON
Herald Staff Writer

In western Palm Beach County, a poor woman has only a 50-50 chance of a trouble-free pregnancy.

With the help from the March of Dimes, a nonprofit group hopes to better the odds for poor women in the area by starting an Infant-Family Development Center. The center would provide family and job counseling, parenting classes and other information.

The Neighborhood Organization for Adequate Housing has set three goals for its center: to get the women to follow a program of prenatal care, work with teen-age mothers, and expose children to books, the arts and education the first two years of their lives.

"The most important time in a child's life is the first 24 months. If you can reach these children within the first two years, you can salvage them," said Susan Widmayer, director of the Developmental and Evaluation Center in Fort Lauderdale.

Widmayer is working with NOAH to develop programs for the center.

Many families in western Palm Beach County cannot afford maternity care. Others do not enroll in the county Health Department's prenatal program because they don't have the transportation to reach the clinic. Some women simply do not know that they need special medical attention during pregnancy.

In 1985, the Glades, with its rich sugar-cane fields and poor people, had one-third of the county's malnourished infants, children and women. The Glades accounts for only 8 percent of the county's population.

"This next upcoming generation cannot go through the trauma of the old," said Betsy Farrar, a NOAH vice president and the driving force behind the center.

The March of Dimes is providing the center's first building block — a two-year grant to pay the project director's salary. NOAH plans to hire a director by the end of September.

The director's first job will be to organize volunteers who will visit families in the area to work one-on-one with mothers-to-be. Members of a black sorority in Belle Glade, Zeta Phi Beta, have volunteered their time.

"The mission of the March of Dimes is what they're doing out there. Our objective would be to get people into prenatal care and end infant mortality," said Pat Cuccurullo, acting executive director of the March of Dimes in Palm Beach County.

The project director will operate out of an office until NOAH builds the Infant-Family Development Center, Farrar said. Plans call for the center to be built near Covenant Village, a 144-unit housing development NOAH wants to build in Belle Glade.

Farrar is optimistic that the center will be built, saying that construction should begin Nov. 1 and finish by March 1.

The group has asked for money from the county and from foundations to help complete the building, she said. NOAH has applied to the Ford Foundation in New York for money to finance special programs.

"The proposal that has been made is an outreach to Haitian mothers not only for the prenatal care program," said Marge Koblinsky of the Ford Foundation.

Koblinsky, who toured Belle Glade earlier this month, said, "Oh certainly, there's a need."

The proposal is under review, she said.

Brothers have traveled different course in life

By PAUL SALTZMAN
Herald Staff Writer

[illegible]

guilty. If he's proven guilty, he'll have to stand up and take what's coming."

The Evening Times, Thursday, February 20, 1986—B13

Efforts sought to improve life in Glades area

By Chuck McGinness

OF THE EVENING TIMES

BELLE GLADE — A Washington consulting firm is looking at ways to better coordinate housing, education, health and human services to better serve Glades residents.

Officials of Evaluation Technologies Inc. met yesterday with educators and service agency representatives to discuss their concerns and how the community can solve those problems.

Joseph Howell, program developer for Evaluation Technologies, said his group does not claim to be the "answer persons" for the area's woes.

"I do think we might be able to assist people here as they develop and move on their own agenda," Howell said.

"I've seen too many cases of people coming in, taking time and misusing communities and people. We don't want that to happen here."

Assisting Communities Toward Self-Help (ACTS), a group of business and government leaders formed last year after a trip to drought-ridden East Africa, hired Evaluation Technologies to conduct the study.

ACTS is working in conjunction with World Vision, a nondenominational Christian relief organization, to provide assistance and funding from private businesses to improve the quality of life for people in East Africa. The group wants to make a similar effort in the Glades.

Most of the discussion centered on problems affecting youth in schools and communities. A major problem for students is the lack of role models, said Eugenia Jones, Pahokee High School principal.

"In this area, you can still get a job without a diploma and make what high school kids consider decent money," Jones said.

"We've really been putting an effort in getting people before our students who've 'been there,' " she said.

Teenage pregnancy and the lack of treatment programs for youngsters with drug and alcohol addictions are other problems the consultants will consider. For youths under 18 whose families don't have insurance or money, there's no place to turn for help with drug problems, Jones said.

Walter Rashley, administrative assistant to County Commissioner Ken Adams, said there is also a need for supervised recreation programs and summer youth employment programs. The Glades does not have a major year-round industry and the community "shuts up" in the summer, Rashley said.

Howell agreed programs to motivate youths to help themselves are essential. Unless people are motivated to help themselves, human service programs are useless, he said.

"We certainly know we have to intervene in a way to break the cycles that are out there. We cannot only help them break it, but they can be a mighty force for other youngsters," Howell said.

"It can't be done in a haphazard way. It has to be carefully structured. Pretty soon you have a powerful

The Post

PUBLISHED DAILY IN
WEST PALM BEACH, FLORIDA

SUNDAY, MAY 26, 1985

Proper Prenatal Care

The number of infants who die in this country before their first birthday is sadly ironic in a nation as wealthy as the United States.

Sen. Lawton Chiles (D-Fla.), in proposing a commission to come up with some answers, points out that the U.S. infant mortality rate in 1982 was higher than 16 other nations including Japan, Australia and much of Western Europe.

This is a disgraceful drama in which poverty plays a big role. Lack of money leads to poor prenatal care and low infant birth weight.

Not surprisingly, the South — with a heavy concentration of poor families and migrant workers — leads this unhappy role call. According to Chiles, 10 of the 11 states with the highest infant death rates are in the South.

Florida, with a death rate of 12.8 babies per 1,000 live births in 1982, was tied with Virginia at ninth place.

The growing awareness of the problem may help to expedite answers. A report earlier this year by the Southern Regional Task Force on Infant Mortality brought these shocking figures home to Southern governors.

Florida is not ignoring the problem, state health officials say. David Pingree, secretary of the state Department of Health and Rehabilitative Services, says Florida has set a goal of cutting the number of low infant birth weights in half by 1989 and expects to spend $14 million annually to do it.

Sen. Lawton Chiles

The money will fund prenatal clinics, but Pingree conceded that more needs to be done to reach and educate young indigent mothers.

Producing a healthy baby is a cost-effective investment. Statistics show that it is far less costly to provide sufficient prebirth care than to provide follow-up intensive and long-term care for sickly infants.

The problem is reflected in Palm Beach County's infant mortality rate. According to the Florida Office of Vital Statistics, the county's infant death rate for blacks and other minorities is 23.3 per thousand — about three times the rate of 8.2 per thousand for whites.

Unfortunately, these figures fit all too well into a pattern of national poverty among children that was reflected in a study released recently by the Congressional Budget Office and the Congressional Research Service for the House subcommittee on public assistance and unemployment compensation.

That study showed that 22 children per 100 were living at the poverty level in this country, the highest poverty rate in 20 years. That translates to nearly 14 million children nationwide.

Legislation has been introduced to support state efforts to reduce teenage pregnancy and to lessen the tax burden on single-parent families.

Efforts such as this, known as the Family Economic Security Act, and the commission proposed by Chiles, deserve support. No child should die for lack of food, or because its mother lacked proper prenatal care.

INQUIRY

Topic: INFANT DEATHS

Richard W. Riley, 52, a Democrat, was elected governor of South Carolina in 1978. Voters changed the constitution to allow him a second term, which expires next year. Riley, who has made public school reform a priority, chairs the Southern Regional Task Force on Infant Mortality. He was interviewed by USA TODAY's *Barbara Reynolds.*

Richard Riley

We can save babies with aid, education

USA TODAY: The USA ranks 14th among developed nations in infant mortality, which some think is a terrible indictment of our rich nation. Why do we rank so low?

RILEY: There are a number of reasons. But among the reasons, there have to be priorities. If we, as a people and as a government, really set about the task to do something about the high rate of infant mortality, we can certainly do it.

USA TODAY: What are some of the reasons?

RILEY: In 1981, the Maternal and Child Health block grant programs were significantly reduced. There was a 3 percent penalty cap put on Medicaid. Those kinds of things make the statement that we don't think that prevention of infant mortality is as important as some other approaches.

USA TODAY: So the reason for high infant mortality rates is the reduction of federal funds?

RILEY: That's only a part of it. But that makes a statement. It says what's important to the decision-makers of this country. It's a time when we should be increasing our interest and involvement with child health, prenatal health, nutrition, teenage pregnancy — all of those issues that are preventive in nature. We are inclined in this country to deal with treatment rather than prevention as a priority. If we could shift the power of this country and have a very heavy, powerful force moving in the direction of prevention of human problems, development of human resources, the response would be tremendous. If we put the right kind of interest into prevention, we could save so much money on a cure.

USA TODAY: What do you mean by "prevention"?

RILEY: For every child born who does not live a year, and is counted in the infant mortality statistics, there are a number of children who would be disabled, physically or mentally, and the mortality is just the most serious of those problems. So while those are what we count, it says a whole lot more than just dead babies; it says dozens of people who are then citizens through life, with some sort of disability or another.

USA TODAY: Is it cheaper to deal with prevention of disabilities than the treatment of sick children?

RILEY: The Southern Regional Task Force on Infant Mortality, which I chair, did a study on that issue. It very clearly cites a number of studies, professionally done, that establish clearly the good economics of prevention — the fact that that is indeed the "conservative" way to handle a human resource problem of this nature.

USA TODAY: Is teen-age pregnancy a major reason for our high infant mortality rate?

RILEY: Teen-age pregnancy is an issue that must be dealt with. Parents would like for it to be dealt with. Teen-agers themselves are seriously impacted by children having children — not to mention the fact that the infants certainly are good candidates for low birth weight, for infant mortality, for future problems.

USA TODAY: Why is it that babies born in the South are statistically more likely to die in their first year than in any other region?

RILEY: If you look at where the highest statistics are, it is among poor people, among blacks. There are certain groups that are heavy in the South that have poor statistics. Our task force is dealing with it as a Southern problem, but believe me, it is a national problem, too.

USA TODAY: Why did you chair this committee?

RILEY: I chaired this committee because I looked at the people in the state and tried to determine what would be the best, long-range way for us to deal with our human resources. We have attacked the issue of quality public education like no other state has attacked it. Our comprehensive education program has been in effect one year. The results are unbelievable in test scores and all of that. Then, if you're going to raise standards of the public schools, you have to have a concern for the kind of capacity a person has going into a system of higher standards. So

> "We are inclined in this country to deal with treatment rather than prevention as a priority."

Fleurizane Charles pays $65 per week for his one-room apar

hts they can't quite master

A child pauses outside the bathrooms that serve her entire apartment complex

rkers pick green beans for income

hey toil in field near the Belle Glade Country Club

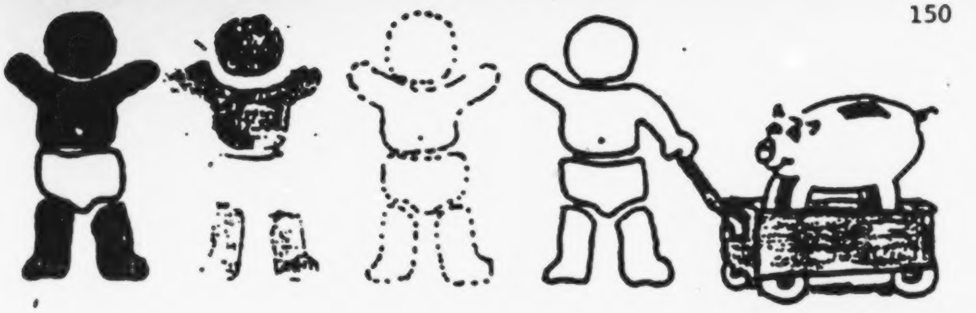
hard to find and right now, he has his crew on the ones. As soon as that is done, he said he would his crew over to the older buildings and work on ."

On Friday, two months after Innocent's com-, Houston he said he had sent men to work on of the leaking plumbing lines the previous week had completed some repairs to the building.

Mrs. Innocent and her son said no one has worked ther the plumbing lines or the building. They have have any communication from either the city or andlord. Innocent's May water bill was $85.

Dina Alcine, 2, eats a meal of plain rice

Photos by Melissa Mimms



By Susan Harlan, USA TODAY

you naturally fall back upon the issues of child health, of child nutrition, of early childhood development.

USA TODAY: What do high educational standards have to do with infant mortality?

RILEY: I said in my first inaugural address that we had a long way to go to be the leaders in public education in this state, but what I wanted to see us become was first in the first grade. And to do that, you have to deal with early childhood education and development and health. Then that falls back into the statistic of infant mortality.

USA TODAY: How is your new education program working?

RILEY: The attendance is up over 8,000 per day. If you multiply that by six hours a day at 180 days a year, you get a gigantic millions of hours of additional education. We've had a tremendous attitudinal change. Students are working harder. Athletes are working harder. Parents are much more involved in the school system. The indigent health care bill will give primary medical care to 25,000 children — that's children who will be going into this high-standard kindergarten program we have. We even go into a strong program for 4-year-olds in high-risk areas. Those children, when they get to the first grade, they're going to be prepared.

USA TODAY: You are part of a new organization of Southerners and Westerners who want to change the direction of the Democratic Party, to make it a winning party again. What do you plan to do?

RILEY: The Democratic Leadership Council is led by elected officials who support the Democratic Party and who want to try to see that it moves into the mainstream and assumes its original role with the American people.

USA TODAY: How are you going to combat the belief that the Democrats have old ideas and are soft on defense?

RILEY: There's a lot of misapprehension about what the Democratic Party stands for. The Democratic Party is not soft on defense; it's strong on effective defense, strong on common-sense use of the tax dollar, strong on looking at our human resources in this great and powerful country, and trying to help develop resources into a viable, competitive force in the future.

USA TODAY: How do you build an agenda that promotes spirit and competitiveness?

RILEY: I think that in terms of job creation, in terms of education, as far as problems are concerned — health problems, crime problems, environmental problems — prevention of those things makes good, economic sense. It's a conservative approach that has often been characterized as a liberal approach.

USA TODAY: How would you explain it to people?

RILEY: We need a policy that the people out there understand and realize is one of opportunity. That's the key. The Democratic Party is the party of solutions and the party of opportunity. We have 34, I think, Democratic governors. If you go into their states and you see what they're doing, they're fighting for quality education for all children. They're fighting for other programs that deal with improving the human resources of their states. They're supported not because they're liberals or conservatives; they're supported because they're addressing problems, coming up with solutions, and understanding basically what's important to the people of this country.

USA TODAY: Then why aren't the Democrats more successful nationally?

RILEY: The National Democratic Party has not somehow gotten that message out. That's why we have this leadership council. I serve also on the Democratic Policy Council, which is a creature of the Democratic National Committee. It also is going to be dealing with the same issues. I would presume that at some point in time, the two may well merge. If you look at the Republican answer to problems — economics — if you take the deficit out of the economy, what kind of answer do we have out there?

USA TODAY: Do you think the man in the street really cares, as long as he sees inflation rates down?

RILEY: I think certainly enlightened government official enlightened citizens who co template about the future - would have to be concerned. have a policy in this state I tal about a lot: I try to break dow all of the issues in this state an seek a long-term solution.

USA TODAY: Do voter care much about long-ter solutions?

RILEY: Short-term solution are easy. You can go out an borrow money and have a ver good year. You can have a ne car. You can have a relativel new house. You can have nic clothes. You can belong to country club or whatever. But want to see South Carolin making decisions today — an they're hard to make — tha deal with the long-term benefi When you deal with the issue o infant mortality, to speak t that, that's a long-term issue. I you're developing policies tha are going to improve your infant mortality, you won't se that tomorrow. You won't get dividend in the mail — check. But 10 years, 20 years 30 years down the line, you wil see human beings out ther who have a high quality of life who are productive, who ar paying taxes, who are not i prison.

USA TODAY: And on th national level?

RILEY: I'm afraid the national decisions that our current administration are dealin with are short-term benefits long-term problems.

Worldwide infant mortality

A baby born in the United States is nearly twice as likely to die before its first birthday than one born in Finland. Deaths before age 1 per 1,000 live births:

1. Finland	6.0
2. Japan	6.2
3. Sweden	7.0
4. Switzerland	7.7
5. Norway	7.8
6. Denmark	8.2
7. Netherlands	8.4
8. France	9.0
9. Canada	9.1
10. Belgium	9.2
11. Spain	9.6
12. West Germany	10.1
12. United Kingdom	10.1
13. Australia	10.3
14. Ireland	10.5
14. USA	10.5
15. East Germany	10.7

Source: 1985 World Population Data Sheet, Population Reference Bureau

Neglect of mothers-to-be threatens next generation

PALM BEACH EVENING TIMES 4/15/85

By Bartholomew Sullivan
Times Staff Writer

Nineteen-year-old Sandy X. will deliver her second child later this month after less than a month of professional prenatal care. She says she is not worried.

But health care experts, including nurse midwives and nutrition instructors who guided 1,600 young women through a Palm Beach County Health Department prenatal program last year say low birth weights among the children of indigents threaten a future generation literally before it's born.

U.S. Surgeon General Dr. C. Everett Koop, in an interview last month, said low birth weights and premature births among the poor is one of his gravest public health concerns. He said the problem is compounded because the information is widely disseminated but appears to be ignored.

No conclusive evidence yet exists linking prenatal care to improved prospects for healthy babies, experts admit. But they say it's obvious.

"Everybody knows that prenatal care has a beneficial effect," says Dr. Milton S. Saslaw, a retired epidemiologist who has been studying health department data on the relationship between the care, complications with women during pregnancy and infant health.

"Everybody knows it, but a great many things aren't studied adequately," he said.

At a recent introductory class in the health department's prenatal program, all six of the expectant mothers were in their second or third trimesters of pregnancy. Two of the women were expecting their first children.

"There's so much we want to teach them, but there's no way we can get it all in," said Judy Smith, director of education programs for the department.

She said the classes are a kind of preventive health effort. "It's not something we tell them," she said of the women who arrive for counseling in their sixth or seventh month. "It probably won't help this pregnancy. But their next baby's going to come out a winner."

Figures for 1984 indicate that of the 1,600 mothers enrolled in the program, only 148 began receiving instruction and federal funds for specified high-protein and iron-supplemented foods in the first three months of gestation.

The prenatal program, now in its eighth year, begins with blood and tuberculosis testing, then a lecture by Melissa Allers and Bernice Harrell on what to expect and how to eat during pregnancy.

Mrs. Allers, in the eighth month of pregnancy herself, props her feet on a chair as she asks her students to guess how much a typical fetus weighs in the seventh month of pregnancy. All are astonished that it is only about 2 pounds.

Most weight is gained after the central nervous system has developed, she explains.

Mrs. Smith laughs when she explains the routine at the six county clinics, which includes monthly, bimonthly and finally weekly visits to the obstetrician as the date of labor nears.

"Our patients just know that, if you go to the health department to see the doctor, you're going to go to class (on overcoming morning sickness, nutrition, labor and delivery, what to expect at the hospital, or the danger signs of early delivery)," she says. "It's not optional. It's considered part of their medical care."

Sandy, who said her first child was born out of wedlock when she was 16, said disputes over meeting minimum income guidelines prevented her earlier attendance at classes. Her husband, a mechanic, made too much money, she was told.

Most of the women said money was their principal reason for coming to the health department program, which pays for education, vitamins and delivery at St. Mary's Hospital in West Palm Beach, Bethesda Memorial in Boynton Beach or Everglades Memorial in Pahokee.

New baby's care may cost $3,500

Most of the expectant parents he sees can come closer to guessing the price of a new Chrysler or Pontiac than the expense of having their baby, says Tom White, director of Palm Beach County Human Services.

To give an illustration of the cost of medical care for the new mothers, White says $6 million of his $9 million budget for indigent care went to maternity cases last year.

"Many young couples have not explored the costs of having a baby before the mother becomes pregnant," he says. "It's when they approach the obstetrician for the first time that they learn ... (the cost for private care is) in the neighborhood of $3,500."

White, whose office determines eligibility for the Palm Beach County Health Department's prenatal program, helped 1,600 women whose maternity bills ranged from $750 to $1,495 last year. Most pay it off over time.

The cost includes delivery at hospital and some post-partum care, which in the case of some very sick babies can run to $100,000.

To qualify for the program, a family must agree to repay the standard $750 fee for instruction, vitamins, food subsidies and delivery. The same care with a Caesarian delivery costs $1,495.

Mary Cleary, director of maternal-child medical and surgical services at St. Mary's Hospital, said about half of the eight to 10 babies born daily at the hospital are delivered by nurse midwives with a supervising obstetrician.

Mothers prepared in advance for the trauma usually do well, she said.

"But definitely, the walk-in moms are the greatest risk," said Pat Jamason, the parinatal nurse manager. Both women praised the health department program for its thoroughness.

"It's really very hard to think of a higher priority (than prenatal care)," said the department's education programs Director Judy Smith. "If you don't have that, from then on you're just picking up the pieces."

The Miami Herald

Monday, August 12, 1985

Disease is a fact of life in slums of the Glades

The Miami Herald 8/12/85 Pg 1

Tour of Belle Glade / 1PB

Second of two parts

By ELLYN FERGUSON
And RANDY LOFTIS
Herald Staff Writers

The No. 11 bus arrives at the Glades Health Center at 8 a.m., bringing people with tuberculosis, anemia and other ills prevalent in Florida's richest farming belt.

By the 5 p.m. closing time, the health center, in the sugar-cane fields three mile north of Belle Glade, will have treated about 200 patients for everything from measles to malnutrition.

The center's five doctors, 12 nurses, two nutritionists and other health professionals treat the poorest, least-educated and most disease-ridden population in Palm Beach County: lettuce pickers, tractor drivers, mothers and children, and the idle unemployed.

Not everybody in the Glades is poor, and not all the region's poor are sick. But county public health workers freely acknowledge that the Glades, a vast expanse of western Palm Beach County farmland that is the center of Florida's migrant farm workers' subculture, has worse health problems than the county's other impoverished areas.

Although the terrifying acquired immune deficiency syndrome has monopolized public attention, it isn't the most widespread or immediate health risk facing the 50,000 or so people huddled in crowded ghettos along Lake Okeechobee's eastern shore.

Long before the AIDS scare began, the Glades doctors were treating people for tuberculosis, malnutrition, venereal disease and other ills in numbers far out of proportion with the region's population.

And the nagging problems of poorly fed children and adults with hacking coughs will remain when the initial AIDS publicity subsides, as most health professionals believe it will.

"I hardly ever hear anyone talking about

Please turn to HEALTH / 6A

TRISH ROBB / Miami Herald Staff

Herb Middleton lives with his wife, Rosa, in a three-story building on Southwest Avenue C in Belle Glade. He is blind in one eye and has cataracts in the other, but he has no doctor and no job.

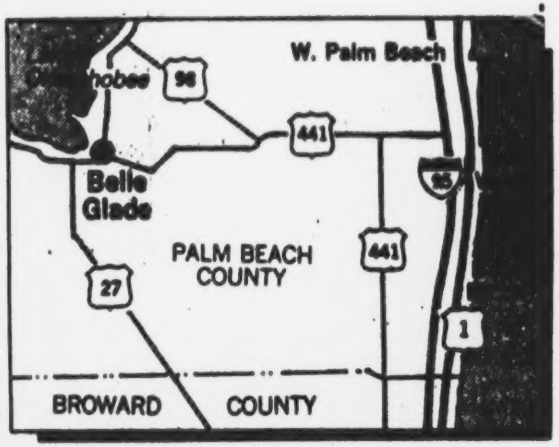
but that's 18.75 cases per 10,000 residents, a rate four

But they concede that environmental factors — poor

(See AIDS, Page C-5)

Disease abounds on the poor side of this county

By Ellyn Ferguson
and Randy Loftis
Knight News Service



BELLE GLADE — The No. 11 bus arrives at the Glades Health Center at 8 a.m., bringing the day's people with tuberculosis, anemias and other unwanted trademarks of life in Florida's richest farming belt.

By closing time at 5 p.m., the health center, in the sugarcane fields three miles north of Belle Glade, will have treated about 200 patients for everything from measles to malnutrition.

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And the nagging problems of poorly fed children and hacking coughs in adults will remain when the initial AIDS scare subsides, as most health professionals think it will.

"I hardly ever hear anyone talking about AIDS," said Sister Barbara Braun, a nun of the Sisters of the Blessed Sacrament who works at the Haitian Catholic Center in Belle Glade.

"What they really know about is TB," she said. "They know that people with TB are very sick."

Some suggest the area's health problems are merely a result of numbers: lots of poor people jammed into a little place, sharing the ills common to their class.

Others say something in the Glades' brand of poverty puts the poor there at greater risk than the poor elsewhere.

"We do tend to get more disease reported for the western portion of the county, relative to their population," said Dr. Dale Tavris, epidemiologist for the Palm Beach County Health Department. "We have more TB in the Glades, we have more AIDS in the Glades, we have more VD in the Glades."

Disease statistics are risky indicators of public health. They represent only the reported cases — a minimal, conservative portrait. Most often, they can make a population seem healthier than it is.

The causes of poor health are obvious everywhere: crowded slum housing, poverty, woefully bad sanitation and hygiene.

"We know in general that poverty, crowded living conditions and lack of sanitation are factors in disease," Tavris said. "We've known of their role in infectious diseases for a hundred years."

Belle Glade, Pahokee, South Bay and the surrounding unincorporated areas, with names like Radersville, Lake Harbor and Streamline, are the cramped living quarters of the muscle that runs the Glades' massive farming industry.

Most of the workers are American blacks, with a smattering of Hispanics and a growing number of Haitians. Statewide figures suggest that the region's racial makeup might affect its overall health.

Florida's blacks die at a faster rate than blacks nationwide, federal statistics indicate. A black baby in Florida is twice as likely to die before his first birthday as a white baby. A black mother is more likely to have a high-risk birth.

In the Glades, almost half the poor mothers can expect to have a high-risk delivery — twice as high as the statewide average.

Income and education have their health links, too. Federal studies show that nutrition is directly related to income, and the Glades' per-capita income falls far below the county's, the state's and the nation's.

The health of the Glades' poor reflects the grim sociology of migrant labor.

Field hands used to pack up their families or hop buses each spring when the harvest ended, heading north to seek more work. These days, as unemployment insurance keeps more of them at home between seasons, the housing is crowded year-round.

Crowding got truly critical in the late 1970s, when as many as 8,000 Haitian immigrants streamed north from Dade County in search of work.

Sky-high rents, the complete lack of any tenants' rights organizations and a hard-core seller's market have made it impossible for many of the region's poor to live in anything except dismal places.

In such close quarters, remaining healthy is a daily challenge.

"The point," Tavris said, "is that you have too many people living in conditions that are not conducive to good health."

Mental health workers say the crowded conditions take a severe emotional toll on the ghetto residents.

"When a person is living in inadequate, substandard housing or doesn't have any housing in general, it affects how he views himself," said Joe Amato, executive director of the Western Palm Beach County Mental Health Clinic. "We see that all the time."

Palm Beach County is an acknowledged national leader in caring for the health of its rural poor, but the job is enormous.

In the early 1960s, Dr. C.L. Brumback, then a brash,

(See GLADES, Page C-5)

tion, a nearly all-black slum. Most are close neighbors; two live in a single rooming house.

- With a large population of recent Haitian immigrants, researchers expected to find a high number of Haitian AIDS patients, but not a third of Belle Glade's cases.
- The AIDS profiles in the Glades

in crowded housing with poor sanitation.

"In Belle Glade, there does seem to be some correlation in that respect," Tavris said.

A map showing where Belle Glade's TB patients lived got Whiteside and MacLeod thinking about a possible link with AIDS.

ther research will prove the connection. They contend that a lifetime of malnutrition, poor sanitation and deplorable housing exposes people to wave after wave of infections, weakening the immune system and making them more susceptible to the AIDS virus.

Noting the common history of trop-

who support the general theory of an environmental link say mosquitoes aren't involved.

Dr. John Seale, a London physician who has written several articles in English research journals comparing AIDS in different countries, says there's no mosquito connection.

But Seale does think squalid,

comparing Belle Glade to a c
ing nation, they haven't won to
friends among businessmen a
leaders.

Some local people questi
pair's credentials as resea

Glades health care better, but needs exist

(From Page C-1)

young doctor just named to head the county's Health Department, set up the nation's model clinic for migrant farm workers. He used to perch migrant children on packing crates because there weren't enough examining tables.

Then, only the sickest migrant workers got health care, Brumback said. "We had women who would bring children in, moribund dying with dehydration. We lost a lot of children. That doesn't happen anymore."

Today, at 71, Brumback still runs the Health Department and still pushes for more money to treat the rural poor. The crowning achievement came last year, when the department opened the new Glades Health Center, a two-story, $2.4 million showplace.

The Glades still is far removed from the comprehensive health care available on the coast.

When health professionals talk about health in Palm Beach County, they speak of a divided county, the isolated and poverty-stricken Glades with its limited medical resources and the affluent, urban coast, saturated with hospitals, doctors and sophisticated equipment.

In some ways, the county's east-west gap has been narrowed. Health officials say the western region's poor probably are in better overall health now than 30 years ago.

> *"If you've had four children by the time you're 20 years old, and you don't have any energy yourself, you're not going to have enough energy to care for your children properly."*
>
> **— Lynette Dreidger,**
> **Belle Glade nutritionist**

The Glades has a big, modern public health clinic now. Hospitals are becoming more sophisticated. Hospice, the program that cares for dying people in their homes, has just arrived in the Glades after years on the coast.

Still, some observations from the past ring just as true today — such as the state's finding, in 1961, that the Glades' poor young mothers got pregnant frequently, often got insufficient prenatal care, couldn't afford private doctors and had hemoglobin and blood-pressure problems.

Two-dozen years after that report, children born to the mothers of 1961 bring their own problem pregnancies to the Health Department.

"If you've had four children by the time you're 20 years old, and you don't have any energy yourself, you're not going to have enough energy to care for your children properly," said Lynette Dreidger, a county nutritionist in Belle Glade.

The Glades' two small, public hospitals often must play catch-up to get their patients the specialized care they need. Glades General in Belle Glade must transfer 15 to 25 percent of its severe trauma cases and 3 percent of its other emergency patients to coastal hospitals.

Because other hospitals jealously guard their own finances, arranging a transfer is a challenge if the patient can't pay. Patrick Lennon, administrator of Glades General, said he has searched as far as New Orleans to place a poor patient. The attitude of many hospitals, said Randy Bengston, Glades General's paramedic coordinator, is "no money, no comee."

Doctors say some of the most critical needs aren't medical ones — such as interpreters for Haitian and Hispanic patients and transportation to the clinics.

Dozens of health-related social service agencies advertise that they serve all of Palm Beach County, but only a handful reach out to the county's western half.

"A lot of the traditional agencies that serve the population are not available out there," said Beth Thorson, director of nutrition services for the Health Department.

A diabetic or a heart patient in Belle Glade can get free dietary counseling from nonprofit associations, but only by going to West Palm Beach, 45 miles away. The parents of an autistic child in Pahokee have nowhere to turn.

Autistic Care of Boynton Beach, for example, has a contract with the state to care for autistic young adults from anywhere in Palm Beach County.

"However," director Walter Cantor said, "due to the transportation situation, we only have clients who live in the eastern part of the county."

Even the individual tragedies of AIDS victims haven't been enough to forge emotional links between east and west. A new support group for AIDS patients and their families has no members west of 20 Mile Bend, the physical and psychological border where the Glades begins.

Group founder Betty Thielbar of West Palm Beach said the group had no plans to make a special outreach to the Glades victims.

But "they're more than welcome to come," Ms. Thielbar said.

She took the names of the area's two weekly papers and asked whether a phone call to Belle Glade is long-distance.

It is.

GRAN
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August 24 & 25 Saturday

Insight

Malnutrition casts shadows over childbirth

By Ellyn Ferguson
Knight News Service

BELLE GLADE — David Stanton, 2, was born prematurely and spent the first month of his life in a Jacksonville hospital with a collapsed lung.

His 20-year-old mother, Barbara Stanton, is pregnant again. The dark-haired and baby-faced woman is determined that her next child will have an easier time.

"I don't want to have this one premature," Ms. Stanton said during a clinic for high-risk pregnancies at the Belle Glade branch of the Palm Beach County Health Department.

In the Glades, poor pregnant women have a 50-50 chance of trouble-free deliveries. Statewide, only 20 percent of Florida's poor women fall into the high-risk pregnancy group.

Women in the Glades are more likely to be young, malnourished and have severe anemia, hepatitis or venereal disease.

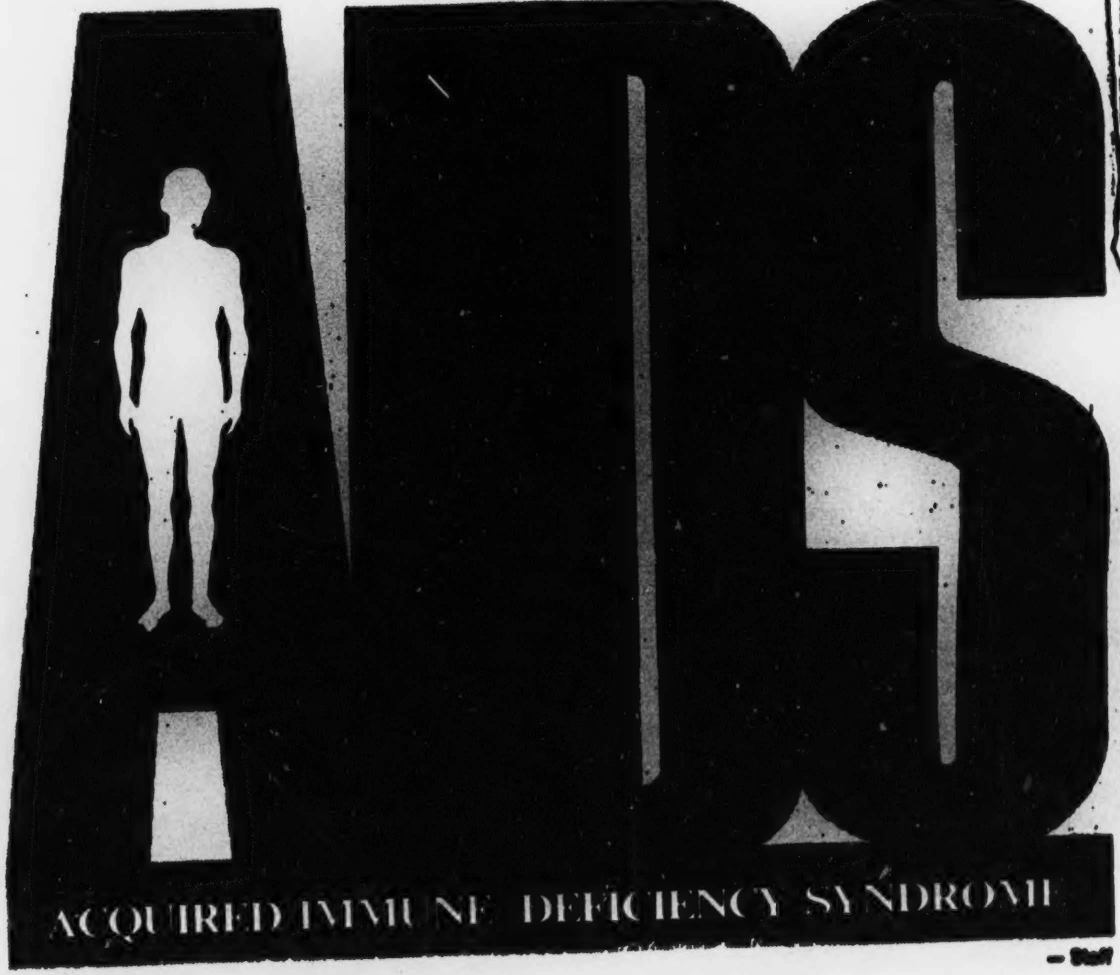
The majority of pregnant women don't seek prenatal care until the fifth month. They can't afford the county's $750 delivery charge or simply have no history of prenatal care in their families.

Teaching poor mothers-to-be the value of balanced meals is difficult.

Many of them say "potato chips and cheese doodles fill up your stomach faster than carrot sticks for the same amount of money," health officials say.

When Ms. Stanton's baby is due, it will be delivered at Everglades Memorial Hospital in Pahokee. All Health Department maternity patients deliver there. The women are attended by either Dr. Robert Hatton or Dr. Ahmed Barhoush, the only two obstetricians in western Palm Beach County.

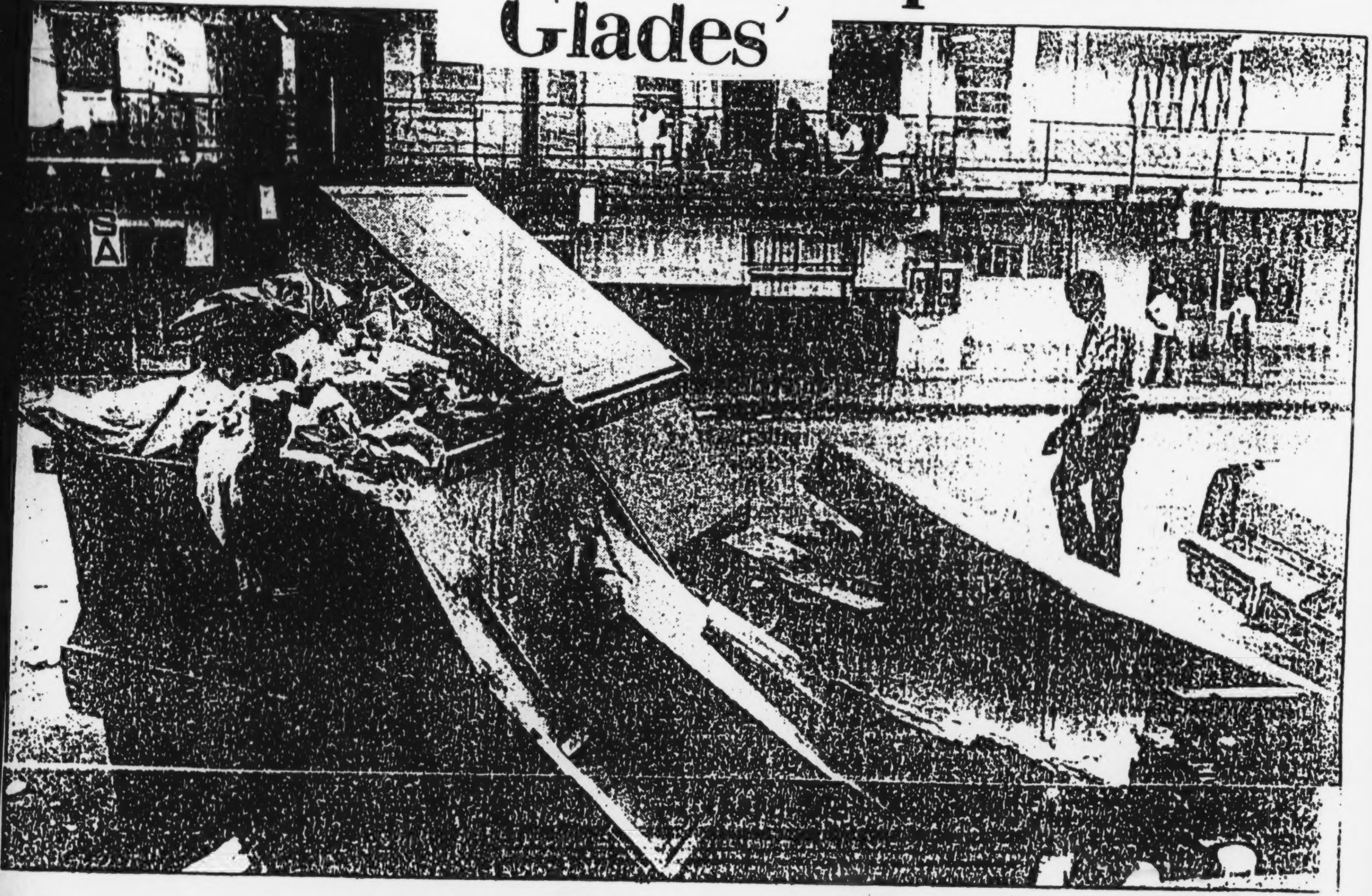
Last year, they delivered about 1,200 babies. Ideally, national health officials say obstetricians should do 150 deliveries annually.



— Staff

157

slums breed health problems
Glades'



TRISH ROBB / Miami Herald St

On Southwest Avenue C in Belle Glade, the apartment buildings are so close that dumpsters can be placed only on the streets.

State of Health

WITH ONLY 8 percent of Palm Beach County's population, the Glades accounts for 50 percent of the AIDS, 30 percent of the tuberculosis, 33 percent of the rubella (German measles), 18 percent of the syphilis and 25 percent of the penicillin-resistant gonorrhea.

IT ALSO HAS one-third of the county's malnourished women, infants and children, based on enrollment in a federal nutrition program; one-third of the pediatric caseload in the county's public health clinics; and one-fourth of the adult public clinic caseload.

IN ONE MEASURE of public health, Belle Glade fared better in the 1980 U.S. Census than Florida or Palm Beach County: Fewer Belle Glade workers were off the job because of work disabilities that year than in the state or county. The Census found 8 percent of Belle Glade adults with a work disability, compared with 10 percent statewide and 9 percent for the county. A work disability is defined as a health condition lasting six months or more that affects the kind or amount of work a person can do.

MANY STUDIES have shown a relationship between income, education and public health. People in the Glades tend to be much poorer and less educated than others in the county, state or nation. Palm Beach County's per capita income in the 1980 U.S. Census was $8,903, the highest in Florida. Belle Glade's was $5,654; Pahokee's, $5,479; and South Bay's, $3,721. The Census also measured the number of adults 25 years old and older who have high school diplomas. The results were 71 percent in Palm Beach County, 44 percent in Belle Glade, 47 percent in Pahokee and 32 percent in South Bay.

Family's trip to see doctor takes all day

When a family in western Palm Beach County needs a medical specialist it can be an all-day affair. For example, here's what happened when Auber and Anthony Bosquet needed to see an orthopedist:

4-4:30 a.m.: Evelyn Bosquet awakens DauVantay, 1, Auber, 2, Cholanda, 3, and Anthony, 6, in their three-room shack in South Bay. She bathes and dresses them. If there's time, they eat.

5:30-5:40 a.m.: The family walks — except for DauVantay, who is in a stroller — the two blocks to a bus stop at S.H.P. Grocery.

6:10 a.m.: The Bosquets take the first CoTran bus to West Palm Beach.

7:45 a.m.: The bus arrives at Palm Beach Lakes Mall. Bosquet, using a new transportation program for Palm Beach County Health Department patients, calls Yellow Cab to take the family to the Children's Medical Services on the grounds of St. Mary's Hospital.

8-9:30 a.m.: The children are seen by clinic doctors.

10 a.m.: Bosquet calls the cab and the family returns to the mall. If the children have been good, she rewards them with ice cream.

5:22 p.m.: They catch the first direct bus to South Bay.

7 p.m.: The Bosquets return to S.H.P. Grocery and walk the two blocks to their house. The tired children climb into their beds and sleep.

— ELLYN FERGUSON

TRISH ROBB / Miami Herald Staff

Doctors had to break 2-year-old Auber Bosquet's feet to fix defective arches.

Squalor endangers pregnancies

David Stanton, 2, was born prematurely and spent the first month of his life in a Jacksonville hospital with a collapsed lung.

His mother, Barbara Stanton, 20, is pregnant again. The dark-haired, baby-faced Stanton is determined that her next child will have an easier time.

"I don't want to have this one premature," Stanton said during a clinic for high-risk pregnancies at the Belle Glade branch of the Palm Beach County Health Department.

In the Glades, poor pregnant women have a 50-50 chance of trouble-free deliveries. Statewide, only 20 percent of Florida's poor women fall into the high-risk pregnancy group.

Women in the Glades are more likely to be young, malnourished and have severe anemia, hepatitis, or venereal disease.

Most pregnant women don't seek prenatal care until the fifth month. They can't afford the county's $750 delivery charge or simply have no history of prenatal care in their families.

Teaching poor mothers-to-be the value of balanced meals is difficult.

Many of them say "potato chips and cheese doodles fill up your stomach faster than carrot sticks for the same amount of money," health officials say.

When Stanton's baby is due, it will be delivered at Everglades Memorial Hospital in Pahokee. All Health Department maternity patients deliver there. The women are attended by either Dr. Robert Hatton or Dr. Ahmed Barhoush, the only two obstetricians in western Palm Beach County.

Last year, they delivered about 1,200 babies. Ideally, national health officials say, obstetricians should do 150 deliveries annually.

Malnutrition and poverty go unsolved

HEALTH / from 1A

AIDS," said Sister Barbara Braun, a nun of the Sisters of the Blessed Sacrament who works at the Haitian Catholic Center in Belle Glade.

"What they really know about is TB," she said. "They know that people with TB are very sick."

Some suggest the area's health problems are merely a result of numbers: lots of poor people jammed into a little place, sharing the ills common to their class.

Others say something in the Glades' brand of poverty puts the poor there at greater risk than the poor elsewhere.

"We do tend to get more disease reported for the western portion of the county, relative to their population," said Dr. Dale Tavris, epidemiologist for the Palm Beach County Health Department. "We have more TB in the Glades, we have more AIDS in the Glades, we have more VD in the Glades."

Risky indicators

Disease statistics are risky indicators of public health. They represent only the reported cases — a minimal, conservative portrait. Most often, they can make a population seem healthier than it is.

The causes of poor health are apparent everywhere: crowded slum housing, poverty, woeful sanitation and hygiene.

"We know in general that poverty, crowded living conditions and lack of sanitation are factors in disease," Tavris said. "We've known of their role in infectious diseases for a hundred years."

Belle Glade, Pahokee, South Bay and the surrounding unincorporated areas, such as Raderville, Lake Harbor and Streamline, are the cramped living quarters of the muscle that runs the Glades' massive farming industry.

Most of the workers are American blacks, with a smattering of Hispanics and a growing number of Haitians. Statewide figures suggest that the region's racial makeup might affect its overall health.

Florida's blacks die at a faster rate than blacks nationwide, federal statistics indicate. A black baby in Florida is twice as likely to die before his first birthday as is a white baby. A black mother is more likely to have a high-risk pregnancy.

In the Glades, nearly half the poor mothers can expect to have a high-risk pregnancy — twice as high as the statewide average.

Unhealthy living

Income and education have their health links, too. Federal studies show that nutrition is directly related to income, and the Glades' per capita income falls far below the county's, the state's and the nation's.

The health of the Glades' poor reflects the grim sociology of migrant labor.

Field hands used to pack up their families or hop buses each spring when the harvest ended, heading north to seek more work. These days, as unemployment insurance keeps more of them at home between seasons, the housing is crowded year-round.

Crowding got truly critical in the late 1970s, when as many as 8,000 Haitian immigrants streamed north from Dade County in search of work.

Sky-high rents, the complete lack of any tenants' rights organizations and a hard-core seller's market have made it impossible for many of the region's poor to live in anything except dismal places.

In such close quarters, remaining healthy is a daily challenge.

"The point," the Health Department's Tavris said, "is that you have too many people living in conditions that are not conducive to good health."

Emotional toll

Mental health workers say the crowded conditions take a severe emotional toll on the ghetto residents.

"When a person is living in inadequate, substandard housing or doesn't have any housing in general, it affects how he views himself," said Joe Amato, executive director of the Western Palm Beach County Mental Health Clinic. "We see that all the time."

Palm Beach County is an acknowledged national leader in caring for the health of its rural poor, but the job is enormous.

In the early 1950s, Dr. C.L. Brumback, then a brash doctor just named to head the county Health Department, set up the nation's model clinic for migrant farm workers. He used to perch migrant children on packing crates because there weren't enough examining tables.

Then, only the sickest migrant workers got health care, Brumback said. "We had women who would bring children in, moribund [dying] with dehydration. We lost a lot of children. That doesn't happen any more."

Today, at age 71, Brumback still runs the Health Department and still pushes for more money to treat the rural poor. The crowning achievement came last year, when the department opened the new Glades Health Center, a two-story, $2.4 million showplace.

Health-care gap

But the Glades still is far removed from the comprehensive health care available on the coast.

When health professionals talk about health in Palm Beach County, they speak of a divided county, the isolated, poverty-stricken Glades with its limited medical resources and the affluent, urban coast, saturated with hospitals, doctors and sophisticated equipment.

In some ways, the county's east-west gap has been narrowed. Health officials say the western region's poor probably are in better overall health now than 30 years ago.

In addition to the new, modern public health center, hospitals in the Glades are becoming more sophisticated. And Hospice, the program that cares for dying people in their homes, has just arrived in the Glades after years on the coast.

Still, some observations from the past ring just as true today — such as the state's finding, in 1961, that the Glades' poor young women got pregnant frequently, often got insufficient prenatal care, couldn't afford private doctors and had hemoglobin and blood-pressure problems.

Two dozen years after that report, children born to the mothers of 1961 now bring their own problem pregnancies to the Health Department.

"If you've had four children by the time you're 20 years old, and you don't have any energy yourself, you're not going to have enough energy to care for your children properly," said Lynette Dreidger, a county nutritionist in Belle Glade.

The Glades' two small, public hospitals often must play catch-up to get their patients the specialized care they need. Glades General in Belle Glade must transfer 15 percent to 25 percent of its severe trauma cases and 3 percent of its other emergency patients to coastal hospitals.

Because other hospitals jealously guard their own finances, arranging a transfer is a challenge if the patient can't pay. Patrick Lennon, administrator of Glades General, said he has searched as far as New Orleans to place a poor patient. The attitude of many hospitals, said Randy Bengston, Glades General's paramedic coordinator, is "no money, no comee."

Doctors say some of the most critical needs are nonmedical ones, such as interpreters for Haitian and Hispanic patients and transportation to the clinics.

Dozens of health-related social service agencies advertise that they serve all of Palm Beach County, but only a handful reach out to the county's western half.

"A lot of the traditional agencies that serve the population are not available out there," said Beth Thorson, director of nutrition services for the Health Department.

A diabetic or a heart patient in Belle Glade can get free dietary counseling from nonprofit associations, but only by going to West Palm Beach, 45 miles away. The parents of an autistic child in Pahokee have nowhere to turn.

Autistic Care of Boynton Beach, for example, has a contract with the state to care for autistic young adults from anywhere in Palm Beach County.

"However," director Walter Cantor said, "due to the transportation situation, we only have clients who live in the eastern part of the county."

Even the individual tragedies of AIDS victims haven't been enough to forge emotional links between east and west. A new support group for AIDS patients and their families has no members west of 20 Mile Bend, the physical and psychological border where the Glades begins.

Group founder Betty Thielbar of West Palm Beach said the group has no plan to make a special outreach to the Glades victims.

But "they're more than welcome to come," Thielbar said.

She took the names of the area's two weekly papers and asked whether a phone call to Belle Glade is long distance.

It is.

Soul Food restaurant marks neighborhood in Belle Glade, which has highest AIDS rate in the state

County targets redevelopment

● From Page 1

If approved, the new residences will be built in the Okeechobee and Osceola Centers, operated by the the Belle Glade Housing Authority. There are a total of 679 units in the two centers.

● Belle Glade may seek a federal housing grant to build 205 rental units on land set aside by Palm Beach County for housing purposes, according to Remar Harvin, director of community development for Belle Glade. The new apartments also will be built in the southwest section of the city, he said.

● Palm Beach County is seeking $1.8 million from the Farmers Home Administration to build 36 townhouses in Belle Glade's sister city, Pahokee, population 6,500.

● The county also will provide $15,000 loans on each of the 22 single family homes built by the Lutz Construction Co. of Belle Glade for low-income families. If the family remains in the home for 10 years, the $15,000 loan will be forgiven by the county. If the home is sold, the homeowner will have to pay back 10 percent of the loan for each year short of the 10-year period.

John Schnier, director of the Palm Beach County Housing and Community Development Agency, said Belle Glade is receiving help because "it has the worst housing conditions in Florida. People are living in conditions that one would expect to find in under developed Third World nations," Schnier said.

Palm Beach County is the first in Florida, and possibly the nation, to use general revenue tax dollars to do something about the community's housing. "The county has been willing to act where so many others merely talk," Schnier said.

Carl House, president of NOAH Development Corp., said the community organization has assembled 60 percent of the funds necessary to launch the first project.

He hopes to break ground by September for 144 rental units in what has been described as the "health sensitive" area of Belle Glade. The targeted area, north of Avenue E, is where county health authorities say all those who have contracted AIDS are living.

"We are on the verge of achieving our goal," said House, who has long experience in developing inner-city housing.

Total cost of the 144-unit Belle Glade project and 44 similar units of rental housing in neighboring South Bay is $7.3 million and will provide new housing for an estimated 440 moderate- to low-income residents, according to current plans.

With the Palm Beach County Commission's agreement to commit $3.4 million to the project, House said it has been a lot easier obtaining financing from private sources.

So far, the non-profit organization has been able to secure promises of financial help from Barnett Bank, which will supply 25 percent of the needed money; NCNB, which will supply 20 percent, Sun Banks which has agreed to take a 15 percent stake in the project, and the First National Bank of Palm Beach, which is committing 5 percent.

"I think this shows we really have community support from the financial community to do something to help low-income people secure better housing," House said.

The NOAH project is the beginning of a "total urban renewal effort," Schnier said. Once State Road 80 is has been expanded to four lanes between Belle Glade and West Palm Beach, and if State Road 27 is becomes four lanes down to Broward County from South Bay, then the Glades will become a major transportation hub, Schnier said, predicting it will take at least a decade to occur.

"The Glades is about to go through a metamorphosis," Schnier said.

Housing renewal efforts in Belle Glade are complicated because there is nowhere to move the families living in the many worn-out or rat- and vermin-infested buildings, Schnier said.

"We can't move them out until we have some place to put them," Schnier said.

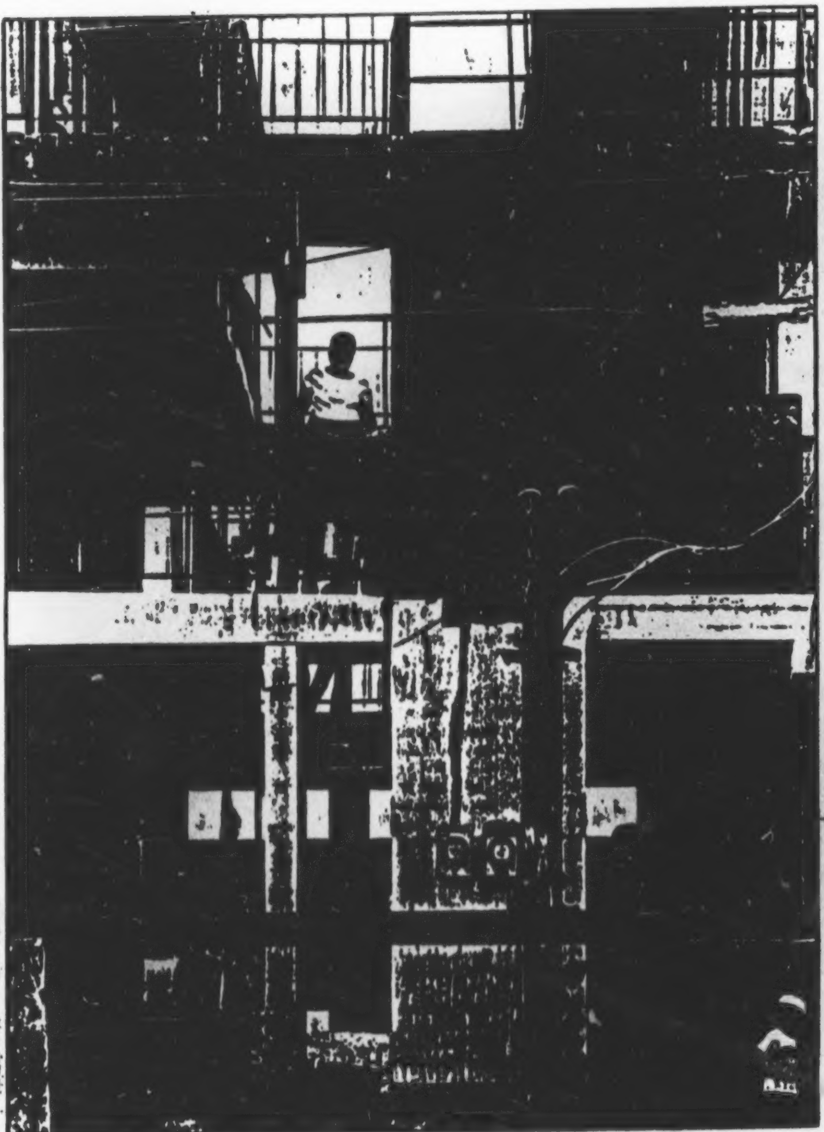
Schnier said there will be no overnight solution. He estimated it will take five to 10 years to complete renewal of the city's core. It could take even longer depending on what the Reagan administration does to block grant funding.

"We have already lost 28 percent of the funds we intended on using on the project," Schnier said. For the fiscal year beginning Oct. 1, the county's block grant funds have been cut from $5 million to $3.6 million.

What the cutbacks mean is "someone will have to come up with more private funds to bring the project to fruition," Schnier said.

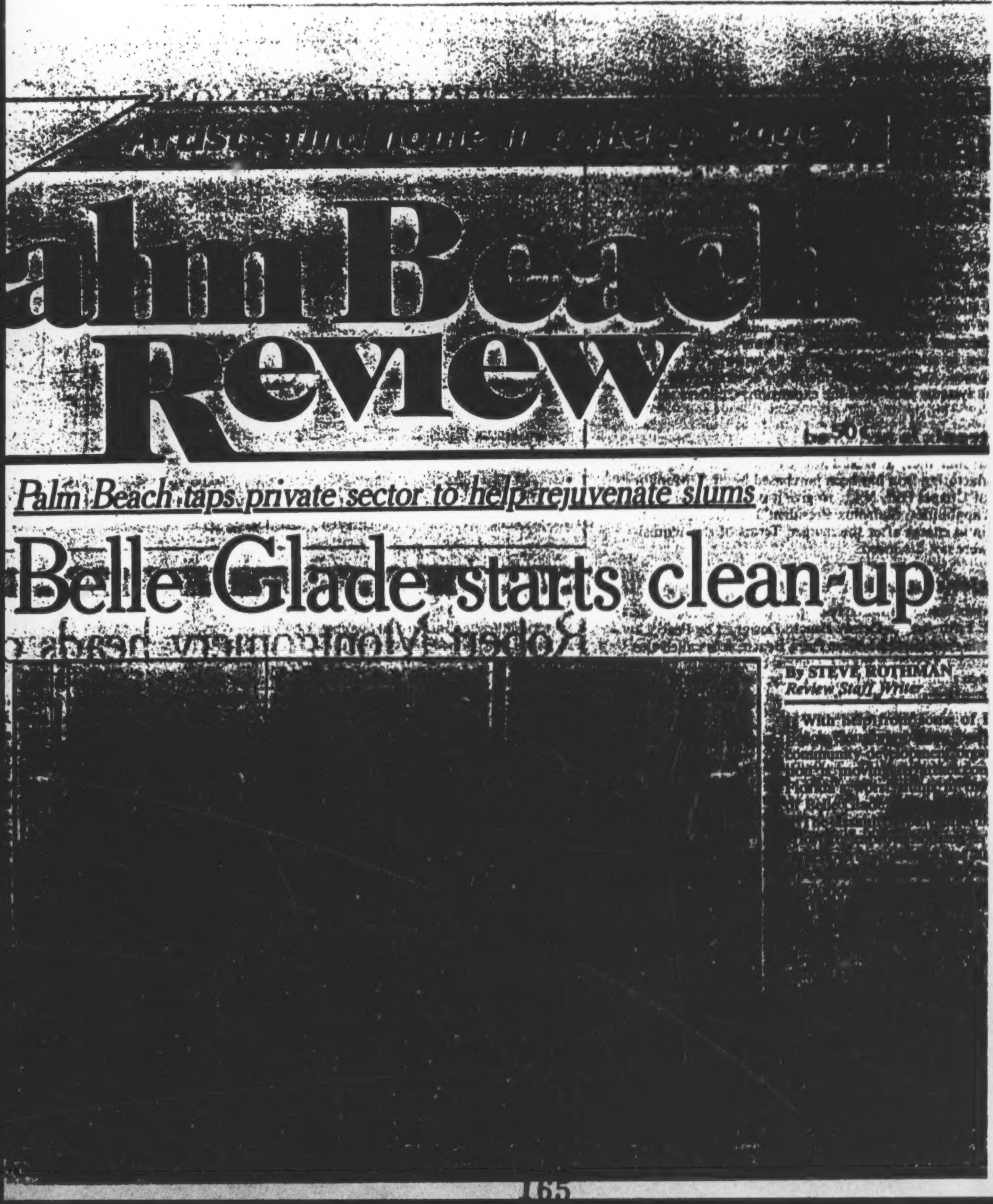
NOAH began working on low-cost housing projects on Feb. 28, 1985, beginning with the renovation of a couple of small duplex projects.

Schnier said the concept being used by NOAH is similar to the so-called Nehemiah projects in Brooklyn, N.Y. Named for the bibilical leader who rebuilt the walls of ancient Jerusalem, Schnier said, the idea is to help the community help itself.



Photos by Gerald Davis

Development officials say there is nowhere available to relocate residents of slum



alm Beach
Review

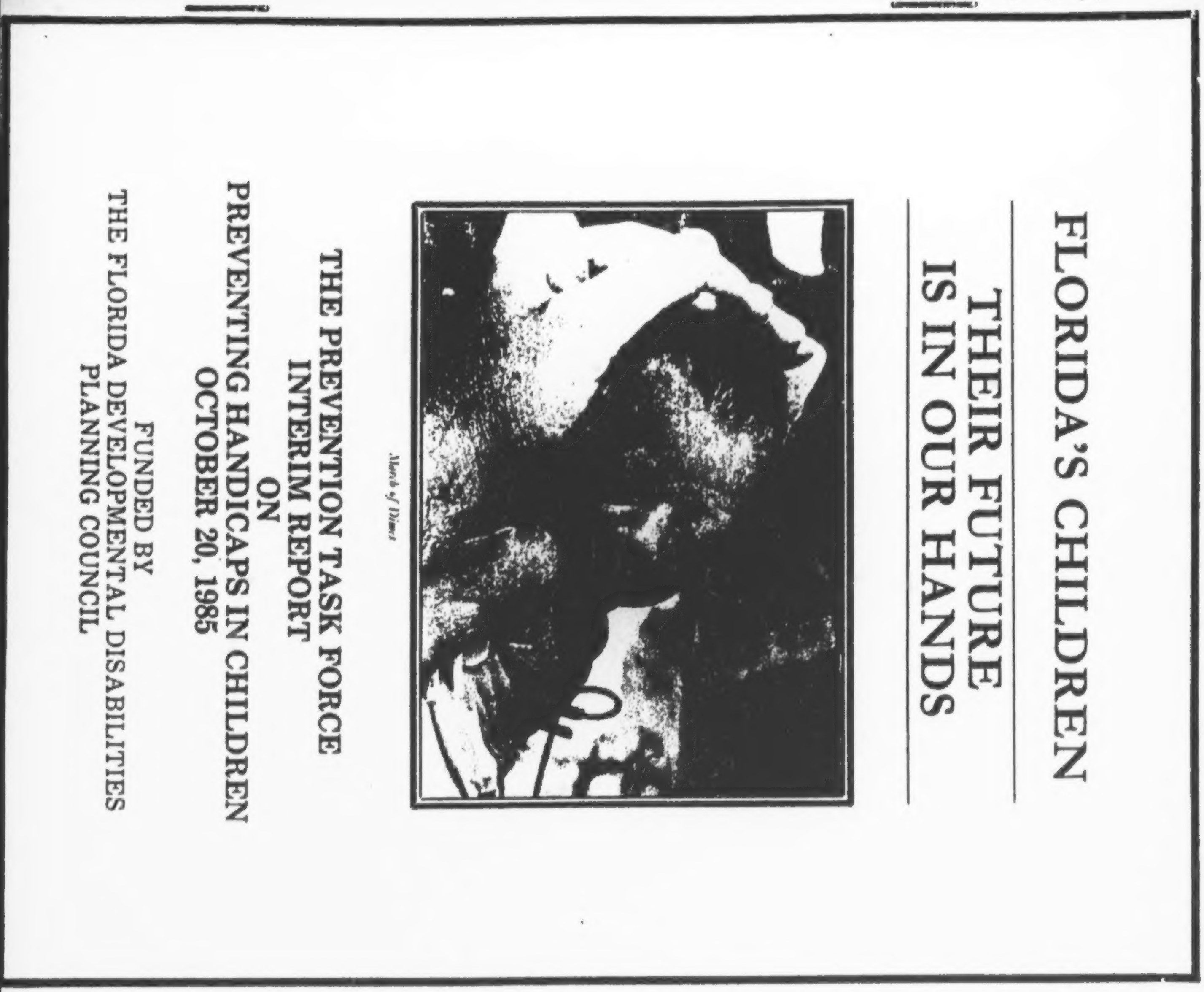
Palm Beach taps private sector to help rejuvenate slums

Belle Glade starts clean-up

By STEVE ROTHMAN
Review Staff Writer

With help from some of

165



FLORIDA'S CHILDREN

THEIR FUTURE IS IN OUR HANDS

March of Dimes

THE PREVENTION TASK FORCE
INTERIM REPORT
ON
PREVENTING HANDICAPS IN CHILDREN
OCTOBER 20, 1985

FUNDED BY
THE FLORIDA DEVELOPMENTAL DISABILITIES
PLANNING COUNCIL

HAT ARE THE CAUSES OF HANDICAPS?

E CAN PREVENT 50% OF HANDICAPS

VERY 48 MINUTES A LOW BIRTHWEIGHT BABY IS BORN.
VERY 5 HOURS AN INFANT DIES BEFORE ITS 1ST BIRTHDAY.

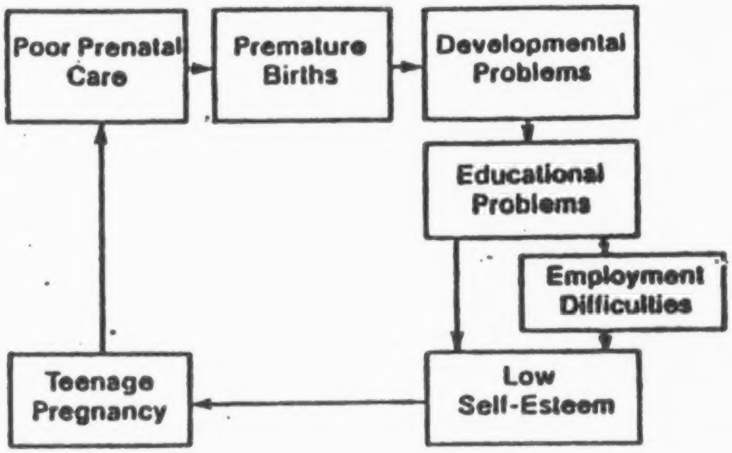
VERY 35 MINUTES A BABY IS BORN TO A CHILD

E FAILED TO REACH 62% OF THE CHILDREN WHO NEED PREVENTIVE MEDICAL SERVICES

BEST COPY AVAILABLE

Low Birth Weight Infants

Low birth weight infants are the single greatest problem facing Florida in its attempts to have better outcome of pregnancy for its citizens. Premature births are often part of a vicious cycle, as shown in this following diagram from the March of Dimes concerning teenage pregnancy:



(Maternal-Newborn Advocate. March of Dimes. 1982).

APPENDIX M

LETTERS OF SUPPORT

City of Belle Glade

BELLE GLADE MUNICIPAL COMPLEX
110 S.W. AVENUE E
Belle Glade, Florida 33430
TELEPHONE (305) 996-0100

THOMAS L. ALTMAN, MAYOR
CLAUDE A. TINDALL, VICE MAYOR
DANIEL S. BYTHWOOD, COMMISSIONER
GEORGE GOFORTH, JR., COMMISSIONER
CHARLES D. GOODLETT, COMMISSIONER

W. E. (TOM) STRANG, JR., CITY MANAGER

September 5, 1985

Honorable Bob Graham, Governor
c/o Department of Health and Rehabilitative Services
Tallahassee, Florida 32302

Dear Governor Graham:

This letter is in support of an application for funding being submitted by N.O.A.H., Inc. for a program to provide care and counseling for disadvantaged expectant parents and to provide cognitive developmental training for infants at risk. This program would provide desperately needed services to the impoverished center of the City of Belle Glade.

The sponsor of this program, N.O.A.H., Inc. (Neighbors Organized for Adequate Housing) is a non-profit organization of community volunteers. They have done a phenomenal job during the last two years of stimulating and providing much needed housing improvements in the City of Belle Glade. In a matter of months, N.O.A.H., Inc. has accomplished things that different levels of government have been unable to do in twenty years. N.O.A.H., Inc. has a sound, holistic approach to the social needs of our community. Not only are they improving dreadful housing conditions, but also, through this current application are seeking to deal with two of Florida's most serious problems - infant mortality and the educational disadvantage suffered by infants at risk.

Our community is supporting this program physically, financially and spiritually. I urge you to give this effort your strongest support.

Your consideration is most appreciated.

Sincerely,

Thomas L. Altman
Mayor

TLA:jhb

Iota Omicron Zeta Chapter
Zeta Phi Beta Sorority, Inc.
P.O. Box 614
Belle Glade, Florida 33430

January 21, 1986

Mrs. Elizabeth Farrar, Vice-President
NOAH, Inc.
141 South Main Street, Suite 251
Belle Glade, Florida 33430

Dear Mrs. Farrar:

The Iota Omicron Zeta Chapter of Zeta Phi Beta Sorority, Inc. is most happy to hear of the planned Family and Infant Care Center.

This is really long overdue for our community, and we are sure that many families and individuals will benefit from the services offered at the Center.

We offer our support in every way possible so as to make the Center a success. Please remember that we are willing to set up, maintain, and operate Stork's Nest in the Family-Infant Center, which will provide pre-natal education, clothing, and other important information to expectant mothers, especially concentrating on teen-age parents.

Please continue in your endeavor. There are so many people counting on you.

Sincerely,

Edna McClendon

Edna McClendon, Basileus

Clarice T. Davis

Clarice Davis, Stork's Nest Committee

DM:CD:caf

WEE CARE INC., CENTRAL AGENCY

OPERATED BY WEE CARE INCORPORATED
A NON PROFIT ORGANIZATION
209 S. W. TENTH STREET
BELLE GLADE, FLORIDA 33430

February 20, 1986

To Whom It May Concern:

I would like to take this opportunity to offer my total support to the proposed new Building Block Center for Infants and Family Development. As a provider of day care services in the Glades area I cannot express in words the need for such a program.

Wee Care serves as Central Agency for Title Twenty Child Care Services in the Western Palm Beach County area. We have a total of 423 children on our waiting list and this reflects only a small percentage of infants. However, the infant need is much greater than our records indicate because our target area is pre-schoolers. The majority of infant day care homes are located in the Pahokee area, which makes it difficult for young mothers in the Glades and South Bay area to transport their children.

As a Central Agency, we have made many attempts to locate a building suitable to serve the infant population and have not been able to find one. Therefore, we were more than delighted to lend our support to the group responsible for the infant center.

Sincerely,

Iraida Ruiz

Iraida Ruiz, Executive Director
Wee Care Central Agency

"This project is funded in part under an agreement with the Department of Health and Rehabilitative Service, State of Florida.
A UNITED WAY AGENCY

HEALTHY MOTHERS/HEALTHY BABIES COALITION
OF PALM BEACH COUNTY, INC.

Suite 110
1520 South Olive Avenue
West Palm Beach, Florida 33401

June 19, 1986

Robert Lee
Vice President of Personnel and Community Affairs
U. S. Sugar
P. O. Drawer 1207
Clewiston, Florida 33440

Dear Mr. Lee:

This letter is in support of the request for funding being submitted by the Infant and Family Development Center of NOAH, Inc. Our Coalition is a network of public and private organizations concerned about the large number of medically indigent women receiving no prenatal care in Palm Beach County. We're very excited about the comprehensive program being proposed which has a significant and direct impact on the growing problem of no prenatal care for the Belle Glade area.

The lack of prenatal care places women in a high risk situation for multiple complications. One of the most serious of these is the delivery of a premature or low birth weight infant. These infants often require costly neonatal intensive care services and many remain disabled for life. Recent studies have documented that every dollar spent on prenatal care saves at least three dollars for care of problems that could have been prevented.

The Infant and Family Development Center programs have drawn national interest and certainly warrant strong community support. Please give careful consideration to their proposal - we all have a vested interest in promoting a healthy start for our future generation.

Sincerely,

Marsha Fishbane, MD

Marsha Fishbane, M.D.
President

MF:gas

CHILD ADVOCACY
PALM BEACH COUNTY
Courthouse Annex / Suite 401 / 307 N. Dixie Hwy. / W. Palm Beach, FL 33401

June 20, 1986

Robert Lee
Vice-President of Personnel and Community Affairs
U.S. Sugar
P.O. Drawer 1207
Clewiston, FL 33440

Re: Belle Glade Infant Care Center Proposal

Dear Mr. Lee,

The following is a letter of support for a proposal entitled the Belle Glade Infant Care Center at Covenant Village.

In essence, the proposal initiates the possibility of obtaining support for child care facilities in the Belle Glade area, primarily for indigent families.

This particular proposal was put to a vote of approval at the May 23, 1986 meeting of the Child Advocacy Board and was passed unanimously.

The goals of this center are as follows:

1) to give unemployed women the opportunity to join the work force;

2) to give teen-age girls the opportunity to finish high school by providing quality infant care;

3) to relieve young children of the care of infant siblings while their mothers are in the fields;

4) to promote the full cognitive, emotional and physical development of infants and toddlers;

5) to assure that mothers take advantage of pre-natal care for their babies;

6) to assure proper pre-natal nutrition;

7) to address the deleterious effects of drugs, alcohol and smoking in the pre and post-natal periods;

8) to provide programs in parenting and child development;

9) to provide a program for young fathers addressing the moral and social responsibility of family life.

Very Truly Yours,

Elaine Webb Alvarez

Elaine Webb Alvarez, President
Child Advocacy Board

EWA/jh

THE SOCIETY FOR ACCELERATIVE LEARNING AND TEACHING, INC.

Box 1216 Welch Station
Ames, Iowa 50010

SALT

A NONPROFIT CORPORATION FOR RESEARCH AND APPLICATION OF EFFICIENT TEACHING

Mr. Robert Lee, Vice President
Personnel and Community Affairs
U.S. Sugar Corporation
P.O. Draw 1207
Clewiston, FL 33440

June 19, 1986

Dear Mr. Lee

It is my pleasure to write to you concerning the incredible importance of the first twenty four months of a babies life. During this crucial time, brain patterns are set and we are discovering that potential may be developed at a rate never known, understood and documented before.

This awareness began as a part of a program in Venezuela, where, seven years ago, Dr Luis Machado, Minister for the Development of Human Intelligences was given the charge of raising the level of intelligence of every man, woman and child in Venezuela. He created a program in conjunction with Harvard University and the leading practitioners and researchers in the fields of intelligence development, creative and critical thinking, and learning how to learn. By compiling and coordinating the best of these programs and concepts, they were able to create a program that went from before birth through adulthood.

Research confirms the great importance of the attention, care and attitude of the mother while pregnant. Both the Venezuelan Project and this program, "Building Blocks - An Infant Family Development Center", emphasized the necessity for good food, exercise, rest and even infant stimulation while in the womb, followed by training the parents to develop the babies abilities for the next two years.

Especially important were the moments right after birth. The training and awareness raising began in the hospitals. This was so effective that it has begun the "Day 1" project in America, to bring attention to the fact that from the FIRST DAY the baby is learning.

Some of the points that are so crucial are:
HEARING: A baby can distinguish between the voice of the mother and another person, and turns towards the mother in preference.
SIGHT: A baby can recognize the face of the mother from a close distance, and is happier when the face can be seen.
TOUCH: The baby that is gently touched, held and has skin stimulation, will not loose as much weight right after birth.
SMELL: The baby can recognize the smell of their mother's milk and is automatically stimulated to begin sucking.

Studies from both Yale and Harvard have shown that stimulation of the senses in the first years if the babies life directly influence cognitive, physical and emotional growth of the child.

Even though the brain of a newborn contains almost all the neurons that it will ever have, the growth is in the connections between the neurons - the patterns that are formed. Twenty five percent of these patterns are formed at birth, with another 25% forming in the next six months. By the end of the first year 70% of the total patterns will have been formed. It is easy to see how important stimulation is at this time.

A parent's involvement with the baby can teach, share, stimulate, move, and enrich a child's life so much at this time. This should be done for short periods of time, as the baby is interested and the attention is held. Most important is to vary the activities and that is be FUN for both the parent and the child.

During these first two years a connection can be made that builds trust, enhances self esteem, heightens curiosity, raises intelligence, stimulates creativity and emotionally bonds love. It is easy to see how this must and does create a firm foundation for the child to build on throughout life. If this were to be known and practiced all over the world I can not help but speculate at the positive changes that we may see, and I thank you for caring enough to want to make this become a reality.

Optimistically,

Vanda Williamson, President
Society for Accelerative Learning & Teaching
Progressive Impact Programs

APPENDIX N

COST EFFECTIVENESS

Teen Childbearing Costs U.S. Billions

POST 2/19/86

WASHINGTON (AP) — Teenage childbearing cost the nation $16.6 billion last year, and the 385,000 children who were the firstborn of adolescents in 1985 will receive $6 billion in welfare benefits during the next 20 years, a study released yesterday said.

The first baby born to a teenager last year will receive $15,620 in welfare payments and other government support by the time the child reaches age 20, according to the study released by the privately financed Center for Population Options.

By the time these babies reach age 20, the government will have spent $6.04 billion to support them through Aid to Families With Dependent Children, Medicaid and food stamps, *Estimates of Public Costs for Teenage Childbearing* reported.

The center, which is dedicated to preventing unwanted teenage pregnancies, favors increased access to family planning and sexual education services for teenagers.

The report said a third of the welfare total — $2.4 billion — could have been saved had teenage mothers waited until they had reached age 20 to have their first baby.

The study estimated the government spent $16.5 billion last year in welfare costs to support the families started by teenage mothers. This estimate includes payments for AFDC, Medicaid and food stamps, as well as the costs of administering these programs.

"This figure represents minimal public costs in that it does not include other services such as housing, special education, child protection services, foster care, day care and other

Turn to PREGNANCIES, A4

Pregnancies

POST= 2/19/86

From Page 1

social services," the report's summary said.

A study by the Urban Institute estimated that in 1975, teenage childbearing cost the nation $8.5 billion in welfare payments and administrative costs. Adjusted for inflation, the 1975 figure would be equal to $15.3 billion in benefits, said the new study, by Martha Burt.

Her study assumed that families begun by teenagers accounted for 53 percent of all families getting AFDC, food stamps and Medicaid benefits. In 1985, the government spent $31.4 billion on these programs for all beneficiaries.

Some 1.1 million teenage girls become pregnant each year and 513,000 continue their pregnancies to birth, according to health statistics. Half the 385,000 teenagers annually who have their first child are under 18.

In Palm Beach County, the number of teen pregnancies appears to have stabilized, but percentages are dropping because more "older" women — those who are not teens — are having babies," said Jackie Chesney, public health nurse and consultant with HRS in in the health program office.

"There's not much fluctuation. The reason our percentage is dropping is because we are having more babies born in this area," Chesney said. "There are still a lot of adolescents."

Chesney said 1985 statistics on teen pregnancy for Palm Beach and surrounding counties were not yet available, but said 1984 statistics for Palm Beach County showed a drop in pregnancies among women 19 years and younger from 1983.

In 1984, 8,983 babies were born in Palm Beach County, with 13.5 percent of them, or 1,210, born to teens. The previous year, 8,361 babies were born, with 14.1 percent, or 1,180 babies, born to teen mothers.

In Martin County, 127 babies out of a total of 910 were born to teen mothers in 1984. And in 1983, 116 out of 859 babies were born to mothers 19 or younger.

Thirty-seven of the births to teens in Palm Beach County in 1984 were to mothers under age 15. In Martin County, two of the births were to mothers under age 15.

Statewide, in 1984, 20 percent of the total births — 22,954 out of 155,344 — were born to teen mothers. In 1983, 15.6 percent of the total births, or 23,254 out of 149,662 babies, were born to teens.

Judy Herrick, assistant director of Planned Parenthood of the Palm Beach Area, said she does not believe the incidence of teen pregnancy has significantly changed during the past five years.

"I would say it's as much a problem now as it has been in the past five years," she said. "I think it's pretty much maintained the same level — a good percentage of the women who become pregnant do so unintentionally."

Chicago Tribune
FOUNDED June 10, 1847

Stanton R. Cook, *Publisher*
Charles T. Brumback, *President*
James D. Squires, *Editor*
•
Jack Fuller, *Editorial Page Editor*
Lois Wille, *Associate Editorial Page Editor*
•
F. Richard Ciccone, *Managing Editor*
Colleen Dishon, *Associate Editor*
Denis Gosselin, *Associate Editor*

What Reagan should do

Ever since his first primary campaign, Ronald Reagan has been drawing cheers when he ridicules the American welfare system. No wonder. It has accomplished a lot, but it's been blindsided by a glaring failure.

President Lyndon Johnson poured billions into his War on Poverty, and Richard Nixon followed with more billions for Model Cities. New health centers, housing, job training, school equipment and food programs sprouted in ailing areas around the country. Millions of families got the resources to help them cope with personal tragedies, and poor people almost everywhere got better food and medical care.

But, despite all the money, the problems eating at the heart of the nation's great cities worsened. Jobs were plentiful in the War on Poverty-Model Cities decade, yet welfare rolls tripled. Violent crime terrorized whole neighborhoods, sending businesses and homeowners fleeing to the suburbs and beyond. Despite the new hardware and remedial classes bought with federal dollars, inner-city public schools produced increasing numbers of illiterates, gang thugs and teenage parents who dropped out to raise another generation of illiterates, gang thugs and teenage parents.

The new money from Washington eased some forms of poverty, but it did not halt the growth of the alienated, destructive urban underclass. That failure, coupled with the fact that the underclass is heavily black, poisoned the political atmosphere. It inspired demagogues and generated mass frustration at the mere mention of "helping the poor."

An enormous amount of public attention has been focused on the problems created by this underclass, but there has been scant attention to the failure of antipoverty programs to stop its growth. The reason is as simple, and as complicated, as the human life cycle itself. The chain of chronic dependency was not broken because the right resources were not concentrated at the right point: in the preschool years, when a human being can be most easily influenced.

A network of early learning centers serving America's urban ghettoes would do more to solve city problems and give a long-range lift to the economy of the entire country than any other domestic initiative hatching in any think-tank or in any politician's position papers or in any socio-economic journal.

Early education would give children of the underclass the motivation and stimulation that other children routinely get in their formative years. It would improve academic performance, cut the incidence of social problems and reduce unemployment. The state's prisons are not being jammed to overflowing with successful students; 85 percent of Illinois inmates don't have a high school education. And, though early learning centers certainly would cost a good deal of money, remember that Illinois taxpayers spend $18,000 to keep one person in prison for one year. Not even Harvard runs that high.

Every dollar spent today on early childhood education would reap long-term savings in money for remedial education, dependency, crime, teenage pregnancy and a host of other problems associated with the underclass.

The techniques for success already exist. Hundreds of research projects and tens of thousands of lives have amply dem[illegible]rated that early learning programs can r[illegible]pendency and alienation.

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This is the last of a series of editorials on breaking the cycle of poverty with early childhood learning programs.

are in no condition to muster all the resources necessary to offer early learning to all the children who need it.

The federal government must help. It must begin with a strong commitment, followed by some tough choices. The deficit problem rules out the multibillion-dollar additions to the budget that Lyndon Johnson rammed through in his guns-and-butter days. New federal money for early education will have to be accompanied by cuts in other areas, and that will set off a storm of opposition from recipients, contractors, special-interest lobbyists and the rest of the beneficiaries of government spending. Some people will be hurt. There's no way to avoid it.

But there's also no question that early learning will do what other spending programs have not done, and that is break the chains that lock the underclass out of any real possibility of achievement. The big difficulty lies in gearing the American political process to do the job. It's programmed for quick results, with a notoriously short attention span. Can it acquire the patience and consistency needed to reap the full benefits of educating 3-year-olds? Savings in remedial education will come first, but even those will be several years down the road. The payoff in reduced dependency, crime and neighborhood deterioration, with a resulting boost in productivity, won't be realized for a decade or two.

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Only a determined, forceful administration that has the confidence of the bulk of the American people can initiate such a long-term commitment. Ronald Reagan is uniquely positioned to lead that initiative. If a President Walter Mondale proposed a major effort like this, it would be quickly dismissed as yet another soft-headed, help-the-poor program leading to still more dependency. If Ronald Reagan says he believes in it and wants it, people all over the country will sit up and listen. So will their political representatives.

Mr. Reagan doesn't even have to express concern for the doomed children of the underclass, although every thinking American should feel that concern. If he wants to, he can direct his appeal to the wallet. He can talk about the billions and billions of federal, state and local tax dollars spent every year on fighting crime and building prisons, on remedial classes and adult literacy programs, on trying to salvage crumbling neighborhoods and provide the minimum medical, food and housing needs of the permanently dependent underclass. He can talk, too, about the lost productivity of American industry and the hidden costs every time another company gets fed up with a semiliterate work force and high crime and moves from the inner city to a new spot in sprawling exurbia.

And he can give a strongly conservative underpinning to this initiative. Conservatives [illegible]e long argued that government should offer people an opportunity, not a handout. But [illegible] got the resources to help them cope with personal tragedies, and poor people almost everywhere got better food and medical care.

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Every dollar spent today on early childhood education would reap long-term savings in money for remedial education, dependency, crime, teenage pregnancy and a host of other problems associated with the underclass.

The techniques for success already exist. Hundreds of research projects and tens of thousands of lives have amply demonstrated that early learning programs can end dependency and alienation.

They can, beyond any doubt, raise the level of intelligence significantly and permanently. Because they work so well, they can supply fresh energy to the nation's lagging interest in helping the disadvantaged. Because they sharply reduce several major causes of school failure, they are the most cost-effective antidote to the problems of American public education. And because they hold the potential for raising the intelligence level of the entire country, they can be an exciting, imaginative way to assure American world leadership long into the future.

• • •

Political leaders in a number of states have been impressed with this growing body of evidence and are starting to use it. The leader is California, which will spend $260 million this school year to educate 150,000 prekindergartners. Much smaller programs are getting underway in New York and New Jersey. South Carolina has a new law reimbursing local school districts for half the cost of educating 4-year-olds considered "at risk." And next year Texas will begin an early childhood education effort expected to cost about $50 million annually. Eight other states—all in New England or the South—are about to start early-learning projects for disadvantaged children or are seriously considering them.

These initiatives are promising, but for the most part they don't touch the urban areas hit hardest by the interlocking burdens of poverty, dependency, poor schools, crime, neighborhood decay and business flight. And, after decades of being drained by that vicious cycle, those areas are in ion to muster all the resources necessar offer early learning to all the children who need it.

The federal government must help. It must begin with a strong commitment, followed by some tough choices. The deficit problem rules out the multibillion-dollar additions to the budget that Lyndon Johnson rammed through in his guns-and-butter days. New federal money for early education will have to be accompanied by cuts in other areas, and that will set off a storm of opposition from recipients, contractors, special-interest lobbyists and the rest of the beneficiaries of government spending. Some people will be hurt. There's no way to avoid it.

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And he can give a strongly conservative underpinning to this initiative. Conservatives have long argued that government should offer people an opportunity, not a handout. But America has produced an underclass without the skill and the will to grab that chance and use it. Early education will give the members of the underclass the foundation they must have to be productive citizens.

As he begins his second term, Ronald Reagan must be thinking about the way history will treat him. He's got a good chance of completing four more years, which has become something of a rarity for a U.S. president. That means he's also got a better chance at real accomplishment than any of his recent predecessors.

Four more years: How will they be remembered? Mr. Reagan can while them away in benign neglect. Or he can make a lasting, positive contribution to the well-being of the nation and be counted among the great ones.

Arms control and world peace apparently are high on his agenda. He should add another top-priority item, this one directed at the violence and turbulence here at home.

President Reagan should devote these next four years to leading a national drive to break the bonds of the underclass through early childhood education. Federal money will be needed, but states and cities should divert some of their resources to the effort, too, for the sake of their own fiscal futures. For the same reason, private agencies and businesses should pitch in.

Some presidents earned greatness by winning wars. For Ronald Reagan, there's a better way. He can end the wars raging in the souls of America's cities.

CHANGED LIVES

A Twenty-Year Perspective on Early Education

BY DAVID P. WEIKART

THE IDEA of longitudinal research may not seem very exciting to nonresearchers: year after year pursuing a dusty round of data collection, verification, retrieval, and analysis. Twenty years of such effort could lead to outcomes of little interest to the public and dear only to the heart of a researcher. And yet, maybe not. Over the last twenty years, those of us involved in the Perry Preschool study have watched 123 young children grow from toddlers to adolescents to young adults. It has been fascinating and sometimes painful to watch their lives unfold to age nineteen. Now we have vital information to share about what we have learned from the Perry Preschool study of economically disadvantaged children — information about how young people grow and what we as educators can do to help prevent some of the major social problems our society experiences. The outcomes of this landmark study, recently published under the title *Changed Lives*, are proof of the value of high-quality early education and are a tribute to teachers and the power of good programs and schools.

The Perry Preschool study is the longest and most extensive evaluation of early childhood education ever undertaken. It is also distinguished by the fact that it adhered to the strictest standards of social science research.

HOW DID the project come about? In 1960, Gene Beatty, Pete Kingston, and John Salcau, school principals in Ypsilanti, Michigan, met with me and other special services staff of the school district to discuss the achievement problems of low-aptitude youngsters who came from economically impoverished homes. As a result of these discussions, Gene Beatty, principal of Perry Elementary School, offered his building and school attendance area for a preschool experiment to see if early childhood education might improve the school performance of economically disadvantaged youngsters. Consequently, I and my colleagues developed the Ypsilanti Perry Preschool project, in which, over a five-year period, we randomly assigned fifty-eight youngsters from disadvantaged homes to a school-based preschool program and sixty-five of their matched peers to a no-preschool group. The fact that the study employed random assignment with no volunteers or referrals provides a scientifically valid basis for our findings. The preschool program offered children twelve and one-half hours of schooling over five mornings each week and one weekly ninety-minute home teaching

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David P. Weikart is president of the High/Scope Educational Research Foundation and principal investigator of the Perry Preschool study. Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19 *can be ordered from High/Scope Press, 600 N. River Street, Ypsilanti, MI 48197. $15 prepaid.*

ILLUSTRATED BY [illegible]

visit to the mother and the child. In 1970, the High/Scope Educational Research Foundation assumed responsibility for the operation of the project.

The curriculum used in the Perry Preschool project is now known as the High/Scope Cognitively Oriented Preschool Curriculum, an approach based loosely on the developmental theories of the Swiss psychologist Jean Piaget. In this curriculum, each child constructs his or her own learning experience within a classroom environment designed by the teaching staff to accommodate such activity. The core of the curriculum requires that each child make a plan that is recorded by the teacher. The youngster is then responsible for carrying out the plan during an hour-long work time and for evaluating it at the conclusion of the work period. This plan-do-review cycle develops children's initiative, sense of responsibility, problem-solving ability, social cooperation, and individual competence in a variety of psychomotor and intellectual skills. The curriculum model encourages teachers to focus on developmental principles and to build on children's existing strengths and accomplishments. The curriculum is not a pre-academic orientation program designed to provide early practice to the child in skills normally mastered at the kindergarten or first-grade level. While the program includes such activities as story dictation and focuses on language development, it is designed to meet the needs of preschoolers and is not a transplanted curriculum drawn from the early elementary school grade levels. (The High/Scope preschool manual, *Young Children in Action*, describes the Cognitively Oriented Curriculum and is widely used in college and university child development programs.)

THE BASIC question under investigation in the study is, "Can high-quality early childhood education make a permanent impact on the lives of participating children?" Following our 123 economically disadvantaged children to age nineteen, we found a clear and convincing answer to that question. High-quality early childhood education does make a difference in how successful children are in school, how they function in the community, and how they participate in the world of work. Some of the key findings can be summarized as follows, when those who attended preschool are contrasted with those who did not:

	Preschool %	No Preschool %
Completed high school	67	49
Attended college or job-training programs	38	21
Classified as mentally retarded	15	35
Hold jobs	50	32
Support themselves by their own or their spouse's earnings	45	25
More satisfied with work	42	26
Arrested for criminal acts	31	51
On public assistance	18	32

Another significant outcome is that these gains result in substantial economic benefits for the community. An investment in a one-year preschool program returns more than 11 percent (after adjusting for inflation). To put it another way, such an initial rate of return makes the investment in early childhood education for disadvantaged children competitive with investments in high-technology opportunities.

FROM THE CASE STUDIES . . .

"If I could, I would change a whole lot. I'd change everybody's personality and mine too. If I could change back the hands of time, I'd become a more better person than I am already, you know, 'cause there are a lot of things I want in life and I came at it the wrong way. . . . For one thing, when I was coming up in school, I should have knew what I wanted to do because now I kind of regret being bad in school and hanging out. I still ain't accomplished what I want in life. . . . I wanted to become somebody and I haven't become that yet."

—YVONNE BARNES,
age 19, no preschool

"The environment . . . the parents and the neighbors and the friends, to me, if they are right, if they want you to do right, then you should do all right. And I would say really it's the person that makes the difference. . . . When you get to a point where you're out of high school, you got to wonder what you want to do. If you want to do it; you can set your mind to do it, you can do it."

—JERRY ANDREWS,
age 19, preschool participant

The findings are most encouraging. As *The New York Times* editorialized: "It has different names — Project Head Start, developmental day care, nursery school — but the idea is the same: high-quality preschool education. And it works."

Why is early education such a powerful preventive approach? Several stages of development converge to make the preschool age an opportune time for intervention. Physically, the young child has matured to the point where he or she has achieved both fine- and gross-motor coordination and is able to move about easily and freely. Mentally, the child has developed basic language capabilities and can use objects for self-chosen purposes. In the terms of Jean Piaget, the child has shifted from sensory-motor functioning to preoperational capacity.

Socially, the child is able to move away from familiar adults and social contexts into new settings. The fear of strangers, so common earlier, is gone, and the youngster welcomes relations with new peers and adults.

When we look at the basic accomplishments of early education, what stands out is that the child develops new competencies related to emerging social and physical skills and intellectual thought. Armed with these new competencies, the child learns to relate to new adults who respond to his or her performance very differently from the family. In short, the child learns to demonstrate new abilities in new settings and to trust new adults and peers enough to display these skills willingly. The child's willingness to try new things and develop new competencies is the seed that is trans-

Early success is linked grade by grade, year by year, into young adulthood; each stage leads to a better performance at the next.

formed into later school and life success. Early success is linked grade by grade, year by year, into young adulthood; each stage leads to a better performance at the next. These steps are documented by the research. It is as the old folk adage has it, "As the twig is bent, so grows the tree."

THE STUDY indicates what has been done in a project offering a high-quality education program, but not all early education programs are of such quality. Improving them is a major task of educators. As with elementary and secondary school programs, early education programs must meet basic standards. For preschools, those standards proposed by the National Association for the Education of Young Children are the most comprehensive. To be of high quality, a program must employ a well-developed and validated curriculum such as that used by High/Scope, a system of supervision and ongoing inservice training, a cooperative team of adults who plan carefully for each day, an ongoing evaluation system, and a strong parent involvement program. These elements are neither easy to effect nor cheap to maintain. Yet the advantages of high-quality programs far outweigh the effort and cost of providing them.

The Perry Preschool findings have wide-ranging implications. They indicate that high-quality early childhood education can have a positive, long-term effect on the lives of participating children. Their early educational success leads to later school success, higher employment rates, and fewer social problems, such as those associated with crime and welfare dependence. While we can look at these outcomes dispassionately in terms of statistics, it only takes a moment to switch perspectives and see them in more personal terms. In our case studies, Jerry Andrews's "can-do" attitude leads to a very different life from Yvonne Barnes's "if-only" regrets. Early education can change individuals and help them realize their innate potential. But the Perry Preschool study's findings show more than good outcomes for individuals. They also indicate that communities can expect substantial improvement in the quality of community life. An effective program can help reduce street crime, limit the number of teenage pregnancies, and bring welfare dependency down to a more manageable level. Further, an important improvement can be made in the available work force because of increased job satisfaction, better educational attainment, and improved job-holding ability.

There is another crucial implication to consider: the financial return to the taxpayer. While the exact financial benefits are yet to be fully determined, for they are understated at this time, it is clear that public investment is returned in a very tangible way. It is cheaper to provide early education as prevention than to pay for more costly social remediation later on. The study has tracked the users of these remediation services and finds that the public pays substantially more later in providing such services for those to whom early education was not offered. Thus, we find a social program — early education for disadvantaged children — that offers major benefits to all involved: the child, the community, and the taxpayer.

(Continued on page 43)

CHANGED LIVES

(Continued from page 25)

FINALLY, AS educators, we can take pride in the findings of this twenty-year study. Here is a project receiving great national attention, and "we" did it. At a time when the education profession is receiving considerable criticism, the Perry Preschool project is a special triumph for a group of dedicated teachers who provided years of service. It also is a triumph for the entire education profession in that it shows how education can make a positive difference in the lives of children.

> ***As educators, we can take pride in the findings of this twenty-year study.***

The widespread establishment of high-quality early childhood programs in the United States can only be accomplished with the substantial support of both educators and the public. This support must start at the local and state levels. Certainly, key decisions, particularly about the national Head Start program, will continue to be made in Washington, D.C. However, we anticipate that major new decisions on education programs that must be made in the next decade will be made by state governments. In fact, state governments have the most to gain from the establishment of these programs, for state governments now bear the vast costs of education (particularly for children from low-income families), of the legal system, and of the welfare system. The initial financial outlays will, in the long run, result in savings in state budgets.

It is time for the nation to recognize the importance of early childhood education to the healthy development of its children. The research does not indicate that all programs can produce such positive outcomes as reported in the Perry Preschool study, but it does indicate that programs of high quality hold tremendous promise. Early childhood education is not a panacea, however. It will not solve the nation's unemployment problem. It will not solve the problem of how to deliver effective education in the elementary and high school years to the "graduates" of good early childhood programs. It will not solve the problems of welfare. It will not solve the nation's crime problem. Early childhood education is part of the solution to society's ills, not the whole solution. High-quality early childhood education can help society make progress in resolving all of these issues with a financial payback that is greater than the investment. The key question we must ask ourselves now is, "Why are we not providing quality early childhood education to all disadvantaged children?" ☐

APPENDIX O

STATISTICS FROM BELLE GLADE OBSTETRICIANS AND PALM BEACH COUNTY HEALTH DEPARTMENT

TOTAL NUMBER OF CLINIC DELIVERIES - 249

WALK-IN'S WITHOUT PRENATAL CARE - 33 (1 out of 8)

NUMBER OF C-SECTIONS - 90 (1 out of 3) (Some months almost 50%)

NUMBER OF BABIES UNDER 6 POUNDS - 59 (Preemies) (1 out of 5)

NUMBER OF BABIES THAT DIED - at least 3, I know there are more but an unable to get accurate statistics from EMA

MOTHERS AGE 15 AND UNDER - 11

UNDER AGE 20 - 118 (Almost 50%)

nicity - Approximately 50% American Blacks; 15% Haitians; 10% Spanish; 5% Caucasians

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY
INIC LIVERIES	11	14	15	13	13	12	16	10	13	16	17	9	15	11	7	7	7	24	19
K-INS	2	2	5	1	2	-	-	-	-	-	3	2	1	2	4	2	3	3	1
SECTIONS	4	5	4	3	4	5	4	1	2	4	8	4	6	6	4	2	4	11	9
EEMIES	3	5	2	3	3	2	4	2	2	2	4	3	3	1	1	1	3	9	6
ED				1		1										1			

NEY NEEDED TO ASSIST CLIENTS WITH MATERNITY FEES FOR THOSE UNABLE TO AFFORD PRENATAL CARE (PREVENT WALK-INS) COUNTY CIAL SERVICES CHARGES $750 for normal deliveries, $1,495 for C-sections

NEY ALSO NEEDED TO FUND LAMAZE CLASSES-ONE ARE AVAILABLE IN BELLE GLADE, PAHOKEE OR SOUTH BAY

Miami Herald 5/22/85

More poor women need prenatal care, health officials say

By ELLYN FERGUSON
Herald Staff Writer

Last year, 161 pregnant women who arrived at Bethesda Memorial Hospital's emergency room ready to deliver their babies had never seen a doctor during their pregnancy.

"If mothers don't get prenatal care and walk into an emergency room, they're in high-risk. Their babies are in high-risk," Dr. C.L. Brumback, the director of the Palm Beach County Health Department, said Tuesday.

Brumback wants to reduce the number of walk-in deliveries at area hospitals.

Last week, Health Department officials and an informal committee of health professionals mulled ways to persuade poor women to join prenatal health care programs. They also discussed ways to make that care, which can be expensive, readily available to poor women.

That may take some doing in a county where the rate of black and minority children who die before their first birthdays is higher than Florida's overall infant death rate.

Preliminary figures for 1984 compiled by the Florida Office of Vital Statistics shows a death rate of 23.3 infants per 1,000 for blacks and other minorities. The 1984 rate for whites was 8.2 per 1,000.

Officials are looking for ways to persuade poor women to join prenatal health care programs.

"There aren't really any easy answers," Brumback said.

Women who don't receive prenatal care are more likely to have complications with childbirth and their children are more likely to develop life-threatening conditions.

For a hospital, the poor, high-risk patients also can mean unpaid medical bills.

But cost is not the issue, Bethesda spokesman Bill Castles said.

"You can weigh it two ways — statistically or the importance of a child being born healthy," Castles said.